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A practice-based study of Danish child protective services

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protective services

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ANNE METTE MØLLER

Organizing knowledge and decision-making in street-level professional practice
A practice-based study of Danish child protective services



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A practice-based study of Danish child protective services

Anne Mette Møller

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Supervisor:

Professor Hanne Foss Hansen, University of Copenhagen

Assessment committee:

Professor Peter Dahler-Larsen, University of Copenhagen (chair)

Professor dr. Mirko Noordegraaf, Utrecht University

Professor Jodi Sandfort, University of Minnesota

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1. Introduction

1.1 Introduction

Every day, professionals in public service organizations – schools, hospitals, police stations, welfare offices and child protective agencies – make decisions which may profoundly impact the lives of the citizens they serve. These decisions may be influenced by rules and regulations, abstract knowledge, experience, ethical concerns, professional norms, social dynamics and practical considerations; in short, they are influenced by different sources of knowledge about the world. In the past decades, there has been great concerns over the extent to which professional decision-making and public service delivery is (or is not) influenced by a specific source of knowledge, namely research, and particularly a specific type of research-based knowledge, generally referred to as ‘evidence’. I refer to these concerns as ‘the evidence agenda’. This label denotes the aspiration that public policy and service delivery should be based on the current best knowledge about ‘what works’. This aspiration is also prominent in child protective services, which is the empirical setting for the work presented here.

The idea of evidence-based practice was born from the observation that professionals are not always, or even rarely, aware of important developments in research-based knowledge within their field of practice, and hence do not make appropriate use of such knowledge to inform decision-making and service delivery. Debates over evidence-based practice touch upon fundamental issues regarding professional knowledge and expertise and the relationship between professionals and management in public service organizations: By questioning the quality and adequacy of professional knowledge, the demand for evidence-based practice directly challenges the basis for professionals’ claim to authority. Its growing popularity among policy-makers has fostered long-standing debates over the relevance and legitimacy of the idea as an aspiration for professional practice and has revitalized debates about the need and conditions for professional discretion, autonomy and accountability. Indeed, the *crisis of confidence in professional knowledge* that Schön diagnosed more than three decades ago seems to have intensified in recent years (Schön 1983, 3).

Against this backdrop, this study sets out to investigate how professionals in child protective services mobilize different types of knowledge, including research-based knowledge, to inform decision-making in daily practice. I also investigate how these practices are shaped by both the local and the broader organizational context and developments of the evidence agenda. Below, I present the empirical and theoretical background for the study and outline my research question and approach. The different elements will be unfolded in more detail in the following chapters. An overview and outline of each chapter is provided at the end of this introduction.

1.2 The evidence agenda: Challenging professional knowledge and practice

The idea of evidence-based policy and practice originated in the field of medicine already in the 1970ies (Ekeland, Bergem, and Myklebust 2018; Oliver, Lorenc, and Innvæ 2014). It made a remarkable appearance on the political agenda in Europe as part of UK prime minister Tony Blair's *modernizing government*-agenda, coined in the motto "*what matters is what works*" (Davies, Nutley, and Smith 2000; Sanderson 2002). Towards the new millennium, evidence-based policy and practice had become a prominent topic in both public policy and scholarly debates regarding public service delivery (Davies, Nutley, and Smith 2000; Hansen and Rieper 2009). Today, the idea has taken a stronghold in several European countries besides the UK, especially in Scandinavia, as well as in Canada, Australia, New Zealand and the US (Boaz et al. forthcoming). In Denmark, as in other countries, the idea of evidence-based practice has been promoted by national authorities across diverse policy fields, including health care, education, child protection and criminal justice.

An important part of these developments has been the establishment of organizations dedicated to the production and dissemination of evidence in the form of systematic reviews of the effectiveness of specific interventions based on rigorous outcome evaluations, preferably randomized controlled trials, and following specific procedures (Hansen and Rieper 2009). Prominent international organizations include Cochrane¹ in health care and the Campbell Collaboration² in social welfare, education, crime and justice, disability and international development. Both have regional representations, such as the Nordic Cochrane Center in Copenhagen. There are also various national clearinghouses and other types of knowledge brokers, for example The Social Care Institute for Excellence (SCIE) in the UK and Kunnskapssenteret in Norway. Scholars have labelled the range of research and policy initiatives and associated organizational growth as the "*evidence movement*" (Greenhalgh, Howick, and Maskrey 2014; Hansen and Rieper 2009), while others characterize our times as "*an era of evidence-based everything*" (Davies, Nutley, and Walter 2008).

Alongside these empirical developments, research on evidence-based practice has flourished. A large part of this research is characterized by normative and instrumental approaches, aiming to either produce evidence or to promote the 'uptake' of evidence in policy or practice. To paraphrase Oliver et al. (2014), it is guided by the assumptions a) that professional practice is most often *not* based on evidence, or at least not sufficiently so, and b) that increasing the influence of evidence on decision-making will inherently lead to better decisions and improvement of professional practices, at least in terms of effectiveness (see also Cairney 2016).

1 www.cochrane.org

2 <https://www.campbellcollaboration.org/>

Other researchers approach evidence-based practice as a social phenomenon, which is emblematic of broader policy developments, and often take a more critical stance, raising various kinds of concerns over the preoccupation with evidence in principle as well as with its empirical manifestations. In the Scandinavian public administration literature, evidence-based practice is often connected to New Public Management (Hood 1991), though it is unclear whether the evidence agenda is to be viewed as an aspect of or successor to this pool of ideas (Hansen and Rieper 2010; Lundstrom and Shanks 2013; Johansson, Denvall, and Vedung 2015; Vedung 2010). Lerborg suggests that the idea of evidence-based practice continues both the “*naïve-positivist*” tone and “*measurement optimism*” of New Public Management and emphasizes the latter as particularly problematic, due to the well-known difficulties of establishing causal evidence in social research (Lerborg 2012). Vedung views the evidence agenda as a new “*wave of evaluation*” and describes it both as a revival of the social engineering ambitions of the 1960ies and as an expression of “*radical rationalism*” (Vedung 2010).

1.2.1 Evidence-based practice and social work

In Denmark, the debate on evidence-based practice has been particularly salient in education and social services. Here, I will focus on the latter. As pointed out by Hansen and Rieper, because of the diversity of research paradigms in this field, social work research and practice is characterized by conflicting views on the idea of ‘evidence’ as such. Consequently, barriers to a closer integration of research evidence and practice can be expected to be more prominent in this field compared to e.g. health care (Hansen and Rieper 2011, 200). Indeed, a recent literature review of social workers’ use of research-based knowledge in care planning and support with children and young people concludes that, while social workers do make use of research evidence in decision making, they rely far more on other types of evidence and knowledge such as user views, legislation, agency norms and practical wisdom acquired through experience (Social Care Institute for Excellence (SCIE) 2014).³

Scandinavian social work scholars have reached similar conclusions (Avby, Nilsen, and Ellström 2015; Å. Bergmark and Lundström 2002; Egelund 2011; Egelund and Thomsen 2002; Iversen and Heggen 2016). For example, Egelund and Thomsen describe how social workers mainly base their deliberations regarding specific cases on individual experience and unarticulated assumptions, while precise terms and concepts informed by theoretical knowledge and

3 Notably, this review was commissioned by the Metropolitan University College in Denmark and conducted by The Social Care Institute for Excellence (SCIE), which was established by the British Government in 2001 to improve social care services for adults and children in the United Kingdom, as a direct result of the evidence movement in the UK. The fact that the Metropolitan University College in Copenhagen commission a review from this organization, before embarking on an empirical research project of their own, testifies to the impact of the evidence agenda outlined above.

empirical research are rarely used. They also observe a lack of critical questioning of viewpoints, which means that case discussions become negotiations of viewpoints rather than collective quests for relevant knowledge (Egelund and Thomsen 2002, 153). Avby and colleagues also find that child protection workers prefer what they call ‘practice-based knowledge’, as opposed to research-based knowledge. Similarly, in their study of social workers’ attitudes towards and uses of knowledge, Bergmark and Lundström find that social workers display a lack of interest in and pursuit of research. The authors find this surprising and conclude that this state of affairs is a serious threat to the legitimacy of the social work profession (Å. Bergmark and Lundström 2002, 371).

Following the introduction of the evidence agenda, social work research has seen a growth in empirical studies the (attempted) implementation of evidence-based practice, in Scandinavia and elsewhere (Avby 2015; A. Bergmark, Bergmark, and Lundstrom 2012; Lundstrom and Shanks 2013; Mullen, Bledsoe, and Bellamy 2007; Scurlock-Evans and Upton 2015; Walter et al. 2004). These studies have been accompanied by more conceptually oriented arguments about the (lack of) meaning and relevance of evidence-based practice to social work (Johansson, Denvall, and Vedung 2015; Mullen 2016; Mullen et al. 2005; Olsen 2012; Olsson 2007; Otto, Polutta, and Ziegler 2009; Petersen and Olsson 2014; Sundell et al. 2010). From one perspective, the evidence agenda is seen as an attempt to increase bureaucratic accountability, representing a challenge to the conditions of trust, discretion and competence that are generally viewed as prerequisites for professional practice, and thus as a continuation of a presumably growing mistrust in professional work (Evans 2016; Evetts 2006). From another perspective, however, the evidence agenda and accompanying efforts to build a more ‘rigorous’ knowledge base is viewed as an opportunity for professional groups to (re-)build status and public trust. Some scholars are highly enthusiastic about the evidence agenda and believe that social work is at a *“historic juncture”* and *“undergoing a renaissance with respect to the use, application and integration of evidence”* (Dill 2016; see also Gambrill 2011; Mullen 2016; Soydan and Palinkas 2014), while others are skeptical and sometimes highly critical of this development and its implications for social work practice (A. Bergmark, Bergmark, and Lundstrom 2012; Otto, Polutta, and Ziegler 2009; Webb 2001).

Consequently, the idea of evidence-based practice has sparked intense debates about the meaning of ‘evidence’ and the relationship between research-based knowledge and professional practice in general. What is at stake in these debates is the fundamental question of whether social workers are indeed professionals, given the presumably weak position of research-based knowledge in practice. Hence, these debates have spurred a continuous formulation of alternative ideal type models of the research-practice relationship. These will be unfolded in detail in Chapter 2. Others sidestep the fundamental philosophical and ideological debates and focus

instead on unpacking social workers' perceptions of and attitudes towards evidence-based practice. These studies generally conclude that there is great confusion among social workers as to what constitutes evidence-based practice and reflect on the need to clarify conceptions as a prerequisite for progress in the field (Avby, Nilsen, and Dahlgren 2014; Ekeland, Bergem, and Myklebust 2018; Scurlock-Evans and Upton 2015).

1.2.2 Purpose and aim: the need for a practice-based approach

One of the most interesting features of the evidence agenda is that it has pushed discussions about methods and methodology, the purpose of research, and the relationship between research, policy and practice beyond the walls of universities and research institutions and directly into the lives of policymakers, public managers and professionals (Rieper and Hansen 2007). Yet, while the debates over evidence-based practice are important, they have taught us surprisingly little about how and why different sources of knowledge, including research-based knowledge, or 'evidence', *actually* comes to influence professional social work practice and decision-making, and what role both local and broader organizational contexts play in this matter.

Notably, the aforementioned literature review of social workers' use of research-based knowledge confidently states that: "*We know the range of barriers that limit successful implementation of research into decision-making and practice*" (Social Care Institute for Excellence (SCIE) 2014, 22). These well-known barriers include lack of (access to) relevant research, lack of appraisal skills and confidence in handling sources of research-based knowledge, and lack of time, human and financial resources and organizational support to engage with research in everyday practice (see also Egelund and Thomsen 2002, 172–73; Gray et al. 2013; Scurlock-Evans and Upton 2015; Wike et al. 2014). Yet, while this conclusion is persistent, I argue that most studies of social workers' use of (research-based) knowledge are grounded in a limited view of what may constitute research use in professional practice, which means that they risk missing important aspects of what is going on.

First, most studies focus on social workers' *individual* engagement with research evidence. For example, Iversen and Heggen (2016) base their conclusions on a survey of 390 social workers in municipal child welfare services in Norway, in which they find that social workers with a master's level education use research, in the form of journal articles and the like, more often than less educated social workers. Bergmark and Lundström employ a similar design. But what does it really mean to 'use' research: Does it only count, if individual professionals engage directly with research, e.g. by reading journal articles? For example, we could imagine that the fact that more experienced or higher educated social workers sometimes engage with research

might *indirectly* influence the practice of those of their colleagues who do not. We could also argue that the implementation of evidence-based programs and guidelines constitutes an example of research use (e.g. Horwitz et al. 2014). As I will discuss in more detail in Chapter 2, there is a flourishing body of literature on research utilization, or knowledge mobilization as it is often called today, which can inform further inquiry into these matters.

Second, studies of research utilization rarely engage in unfolding the *actual decision-making processes and practices* in which social workers engage. This is lamentable, because it is precisely these processes and practices which provide the specific context and situations in which research findings may or may not be deemed relevant. For example, Egelund and Thomsen's study (2002) is based on group interviews centered on the discussion of cases in the form of vignettes and thus comes close to actual decision-making practices, this is still an 'artificial' situation isolated from everyday practice. Consequently, we do not know much about how organizational processes and practices shape the (non-)use of research, including whether and how this knowledge may 'travel' within or outside of the organization. As noted by e.g. Horwitz et al. (2014), albeit with a different perspective in mind, the fact that many studies point to social workers' reliance on colleagues within and across organizational boundaries suggests that social relations and networks play an important – but so far under-explored and undertheorized role – for understanding the actual and potential roles of research-based knowledge in social work practice.

In sum, we lack knowledge about how different forms of knowledge, including research-based knowledge, come to influence professional judgment and decision-making in everyday practice. This calls for theoretical development concerning the relationship between research-based and other forms of knowledge and ways of knowing in professional practice. As Ekeland and colleagues conclude in their recently published study: "*we need more studies of how social work goes on in real life – either to correct the ideal or change the reality, since too big a gap in the end will be devastating.*" (Ekeland et al. 2018, 10). This is not only the case for social work, but also for other areas of (public) professional work, where similar debates on knowledge, evidence and practice are currently unfolding (Biesta 2010; Fleming and Rhodes 2017; Schwandt 2005; Wieringa and Greenhalgh 2015).

My purpose here is not merely to continue these discussions on the relevance and legitimacy of evidence-based practice or other ideals in public professional work. Rather than adding to debates about whether and how different forms of research evidence *ought* to influence professional decision-making, my ambition is to deepen our knowledge and understanding of how, when and why this does (not) already happen, and how these processes and practices are influenced by both the local and the broader organizational context. I do this by approaching the is-

sue from a practice-based perspective, and by employing ethnographic methods. I will expand on this below. In this way, I seek to contribute to our understanding of organizational and professional knowledge mobilization and decision-making practices, and the rationales that underpin them, as they unfold in everyday life at the frontlines of public service. The developments spurred by the evidence agenda present a rich opportunity for in-depth empirical investigation of these matters.

1.3 Research question, empirical setting and methodology

Against the backdrop of the developments and debates outlined above, the purpose of this thesis is twofold: a) to elucidate through detailed empirical study how organizations and professionals in the frontlines of public service mobilize different types of knowledge for decision-making in everyday practice, and b) to discuss how these knowledge mobilization practices relate to debates and developments in the organizational environment. The primary aim is to contribute to conceptual and theoretical development regarding these matters. A subsequent aim is to bring together perspectives on professional knowledge and decision-making from the literature on professional work, research utilization and knowledge mobilization with perspectives from public administration.

1.3.1 Research question

The thesis is guided by the following general research question and related working questions which serve to guide the empirical analyses: *How is knowledge mobilized in daily practice to inform professional judgment and decision-making in street-level organizations?*

- a. Which ideas about the role of knowledge in professional decision-making can be identified in the field of child protection in Denmark, following the debates over evidence-based practice?
- b. How are different types of knowledge mobilized to inform professional decision-making in street-level organizations, specifically Danish municipal child protective agencies, and how does this relate to current ideas in the field?
- c. How is knowledge mobilization organized in practice, and how are knowledge mobilization practices related to organizational routines?

Some brief definitions and reflections are in order: I use the term ‘knowledge mobilization’ in much the same way as Ward, who notes that “[k]nowledge mobilisation is the latest in a long list of terms which relate to the process of moving knowledge to where it can be most useful” (2016, 1). It is my impression that this term is increasingly gaining ground as the preferred term

among both researchers and practitioners who are interested in these processes. Compared to the alternatives, it reflects a broader perspective as to what these processes may involve, and where they may lead. It is therefore also a term that leaves plenty of room for conceptual development and refinement. I use the term ‘street-level organizations’ to reflect my orientation towards the concept of street-level bureaucracy (Lipsky 2010) as a way of understanding the position and working conditions of professionals in the frontline of public services. I will return to this literature shortly.

1.3.2 Empirical setting: child protective services in Denmark

The empirical setting for the study is child protective services in Denmark. Child protection, or child welfare, is one of two major areas of social work (‘workfare’ being the other). In Denmark, recent years have seen several heartbreaking cases of severe child abuse and professional negligence and malpractice.⁴ These scandals have been subject to intense media coverage and have given rise to public dismay and harsh criticism of the responsible municipalities and professionals. At the same time, the legal framework governing child protective services has grown increasingly detailed over the years, and new process regulation and performance management tools have been introduced with varied success (Egelund 2011; Hestbæk 2011; Høybye-Mortensen 2013). These measures to some extent represent attempts to control the discretion of frontline workers and organizations. As such, they are standard political responses to scandal (Hupe and Hill 2007).

Child protective services have long been at the heart of debates over evidence-based practice, and the idea that increasing the use of evidence is key to improving the quality and effectiveness of social work is widespread in this area (Egelund 2011). But, while policy initiatives and practice developments have been salient, and welcomed by many, the idea of evidence-based practice has also been heavily contested in both policy arenas and professional and research communities, reflecting the general debates outlined above. These debates have brought actors’ diverging understandings of the role and relevance of different types of knowledge in professional practice to the fore. Locally, the evidence agenda has spurred reflections with regards to the merits of extant professional practices and urged organizations to respond. Accordingly, while the idea of evidence-based practice has, to some extent, been adopted (though certainly not by everyone), it has also experimented with, and, as we shall see, transformed in the process. In sum, ideas about the role of research-based knowledge in practice are likely to be present in the minds of the actors involved. This makes the field of child protective services a fer-

4 Known to the Danish public as e.g. ‘Tønder-sagen’, ‘Brønderslev-sagen’, ‘Esbjerg-sagen’ and ‘Slagelse-sagen’.

tile ground for studying both actual and idealized practices of knowledge mobilization and decision-making in light of the evidence agenda.

1.3.3 Methodological grounding: practice-based theory and organizational ethnography

My approach is grounded in a practice-based ontology of the social world (Schatzki 2002), which I will unfold in more detail in Chapter 3. As noted by Feldman and Orlikowski, a practice-based perspective implies “*the notion that social life is an ongoing production and thus emerges through people’s ongoing actions*”, where “*practices are understood to be the primary building blocks of social reality*” (Feldman and Orlikowski 2011, 1240–41). Accordingly, the main unit of analysis in the study is organizational and professional practices.⁵ Following my interest in actual practices as they unfold in “*real-time*” (Schatzki 2006) and in ‘real-life’ settings, my methodological approach is further anchored in the research tradition of organizational ethnography (Ybema et al. 2009). Organizational ethnography has a long history in public administration and management research (Cappellaro 2016; Yanow 2009), where it is sometimes referred to as ‘administrative ethnography’ (Boll and Rhodes 2015; Rhodes 2014) and has received renewed interest in public administration and political science over the past decade or so (Auyero 2006; Bevir and Rhodes 2010; Brodtkin 2017; Joseph, Mahler, and Auyero 2007; Rhodes, t’Hart, and Noordegraaf 2007).

An ethnographic approach recognizes that professionals, managers and other members of public service organizations are already engaged in a broad range of practices and projects that constitute daily organizational life. Their work is informed, enabled and constrained by organizational goals, practical considerations, human and material resources and processes of negotiation and sense-making regarding a wealth of issues. New ideas and ideals, such as evidence-based practice, never encounter a blank slate, but are interweaved in everything that is already going on at the different scales or arenas of organizational life; local organizations, policy arenas, professional and other communities and society as such. An ethnographic approach draws meaning and purpose from these circumstances rather than seeking to abstract from them. This is also characteristic of practice-based approaches. Ethnographic and practice-based approaches nurture a sensibility towards the ‘macro’ in the ‘micro’; i.e. how the broader institutional context is reflected in situated interaction, and how situated interaction in turn serves to maintain or change institutional orders (Dubois 2010; Feldman and Orlikowski 2011; Lawrence, Leca, and Zilber 2013; Schatzki 2005, 2002; Yanow 2012).

5 As I will argue in Chapter 2, professional and organizational practices in the context of public services are inherently intertwined, and so I do not distinguish sharply between the two.

1.3.4 Methods and data

My research design comprises empirical investigations in both local street-level organizations and the policy arena of which they are part. This choice is based on the notion that local organizational developments are shaped by and give shape to broader ideas and developments. Data was generated through a multi-sited ethnographic study. Fieldwork comprised observations of daily practice in three different child protection agencies, located in two Danish municipalities in different parts of the country, and more than 29 qualitative interviews with local organizational actors on various levels, conducted over a period of 14 months. In addition to this, I conducted qualitative interviews with 10 national political elite actors, who have all been involved in past and/or recent developments regarding the evidence agenda in the field of social services, and child protective services specifically. I also draw on various policy documents and other written sources, which, according to participants, have played an important role in shaping policy debates and developments in the field. This approach allows me to both investigate knowledge mobilization practices in organizational real-time, and to trace the influence of the broader organizational and political context and developments on these practices. I will expand on this in Chapters 4 and 5.

1.4 Theoretical background

It has been my ambition to approach the field with an open mind, allowing myself to look closer and deeper at how practitioners go about the tasks of making decisions and exercising professional judgment and, in the process, mobilize knowledge to inform their actions. Following Silverman, I seek to approach these issues from the perspective of practice, *“grounding them in the everyday realities and meanings of social worlds and social actors, rather than taking problems from policymakers, general theorists, or others.”* (Silverman quoted in Coffey and Atkinson 1996, 5). Accordingly, while I have been aware of the debates outlined above, the theoretical perspectives and sensitizing concepts that ended up guiding my fieldwork and analysis were not set in stone from the beginning. That said, there is a vast body of literature with relevance to this topic, and I draw on this in various ways, both to illuminate some of the underlying conflicts and dilemmas raised by the evidence agenda, and to analyze and make sense of my own findings. In this final section, I will first outline the broader theoretical landscape in which the study is situated, and then briefly introduce the main components of the conceptual framework I developed to guide my analysis.

1.4.1 Professional knowledge and practice in the context of public service organizations

Professional decision-making at the frontlines of public service is a well-known theme in the public administration literature. However, as the discussion above indicates, research on evidence-based practice is often anchored in distinct professional fields such as social work, education or health care. This means that it only rarely engages with the literature on public service organizations from the perspective of public administration and management. This is often also the case, if we shift our perspective to the closely related field of research on *research utilization*, also known as knowledge mobilization or knowledge-to-action research.

Much research in this field is preoccupied with promoting the use of research-based knowledge in policy and practice, through the development of models and tools, and, sometimes, explanations of the mechanisms through which research-based knowledge comes to influence policy and practice. A growing number of scholars argue that the use of research is most often a complex, iterative and socially situated process, in which research-based knowledge comes to influence ways of thinking about issues and problems in much more indirect ways than imagined by evidence advocates, and many point to the importance of acknowledging the role of the *organizational and political context* in these processes (Cairney 2016; Gabbay and Le May 2011; Greenhalgh and Wieringa 2011; Nutley, Walter, and Davies 2007; Oliver, Lorenc, and Innvær 2014; Weiss 1979; Weiss et al. 2008). But, with a few notable exceptions, explicit connections to the vast body of literature that might contribute to theoretical development in this regard are few and far between.

Another characteristic of this literature is that, like much of the literature on evidence-based practice, it remains focused on the issue of ‘getting knowledge into practice’. Instead, I argue that we need to switch perspectives and begin with practice. Here, I follow the sentiment of Weiss’ 40-year old observation, which is still on point today:

Social scientists tend to start out with the question: how can we increase the use of research in decision making? They assume that greater use leads to improvement in decisions. Decision makers might phrase it differently: how can we make wiser decisions, and to what extent, in what ways, and under what conditions, can social research help? These are not the same question. (Weiss 1978, 26)

To understand the conditions for decision-making in public service delivery, I draw on a flourishing body of literature which deals precisely with (professional) service delivery in the context of public service organizations, namely the literature on *street-level bureaucracy*, which has grown from Lipsky’s seminal contribution (1980/2010). The street-level literature provides a valuable framework for understanding the conditions and dilemmas that characterize the work

of public professionals in street-level organizations. Empirical studies in this field offer many insights into how street-level professionals must cope with ambiguous and conflicting policy goals, insufficient resources and cross-pressures from policymakers, managers and the citizens they are meant to serve. These observations challenge the aspirations of evidence-based practice and help us understand the difficulties involved in realizing such ideals, while at the same time underscoring the pressing need to concern ourselves with the issues raised by the evidence agenda.

However, while the street-level literature offers important insights into the organizational conditions for professional practice at the frontlines of public service, it often centers on *individual* attitudes, preferences and behaviors of street-level professionals and is less focused on the team-level and organizational processes and practices (Foldy and Buckley 2010; Hupe, Hill, and Buffat 2016a). Moreover, it rarely engages directly with the notion of professionalism and the distinct nature of *professional* discretion (though there are exceptions, and recent contributions increasingly point to the potential in doing so). Therefore, I also draw on the (increasingly overlapping) sociological literature on professions and professionalism (Evans 2016; Svensson and Evetts 2010). Contributions in this field focus on the concept of professionalism, on the place of professional expertise in public organizations, and examine the relationship between professionals, managers and policy initiatives, often through the lens of professional discretion and autonomy. A central debate in this field concerns the relevance of idealized forms of *occupational professionalism* versus new forms of hybrid or *organizing professionalism*; highlighting the intertwinement of organizational and professional practices, priorities and identities (Noordegraaf 2011, 2015).

These bodies of literature provide essential insights into the topics discussed here. Together, they form the empirical and theoretical landscape in which I situate this thesis (Chapter 2), and in the light of which I discuss its contributions and implications in the closing chapter (Chapter 9).

1.4.2 Conceptual framework

I situate my research in the literature outlined above and aim to contribute to our understanding of street-level professionals' knowledge mobilization and decision-making practices, but also draw on other sources of theory to guide my fieldwork and interpret my findings. I develop a conceptual framework containing the following elements, which will be unfolded and discussed in Chapter 3:

Drawing on research on professional work (e.g. Molander and Grimen 2010; Schön 1983) and the philosophy of knowledge (Fantl 2017), I develop an understanding of what it means to exer-

cise professional judgment, and the different types of knowledge it involves. I conceptualize professional decision-making as a process of interpretation and sensemaking (Weick, Sutcliffe, and Obstfeld 2005) and argue that studying the exercise of professional judgment in practice entails an emphasis on *performative aspects of knowledge* (Orlikowski 2002; Tsoukas and Vladimirou 2010). I situate this process in an organizational context, centering on the potential role of *communities of practice* (Brown and Duguid 1991, 2001; Lave and Wenger 1991) and *organizational routines* (Feldman and Pentland 2003). To theorize the dynamics between local and broader developments, and capture the transformation of the evidence agenda, I draw on the notion of the *organizational field* in institutional theory (Wooten and Hoffman 2016) and particularly the concept of *theorization* (Nielsen, Mathiassen, and Newell 2014; Strang and Meyer 1993), conceptualizing the latter as a practice that transcends different ‘scales’ of organizational life, or arenas of inquiry.

Notably, these theoretical perspective and concepts were not laid out in detail, systematized or operationalized beforehand, but were instead developed in a continuous interplay with the empirical investigations. The process of constructing a conceptual framework to make sense of my findings has thus been iterative and abductive; it is a result of reflexive interplay between theory and empirical findings and other forms of knowledge about the world (Schwartz-Shea and Yanow 2012, 27). As I embarked on my fieldwork, new concepts, relationships and possible explanations were continuously generated as part of the process, and I sorted and discarded or developed these along the way. My approach and purpose in this process has been similar to that of Dubois:

(...) not to build a new theory, but to try to do justice to the empirical complexity of a given research topic, without eclecticism or syncretism, by looking for conceptual tools to make sense of reality rather than illustrating a theory with empirical examples. (Dubois 2010, xv)

The elements of my conceptual framework are rooted in different subfields, although mainly within organizational studies. Yet, they all represent practice-based perspectives on organizational life (see also Feldman and Orlikowski 2011) and are therefore, I argue, reasonably compatible and can all be meaningfully anchored in Schatzki’s practice-based ontology, at least for the purpose at hand.⁶

6 My approach here is informed by Maxwell’s discussion of the role of research paradigms in the development of conceptual frameworks for qualitative research (Maxwell 2013, 41pp)

1.4.3 On aspirations: the potential power of theoretical generalizations

While the extant scholarly literature presents many valuable perspectives and certainly has much to offer, I argue that there is still a need to develop more nuanced understandings of how different types of knowledge are mobilized to inform professional judgment and decision-making in professional street-level organizations, along with a more refined language and concepts to describe and explain what is involved in these practices. Such understandings and concepts need to be both theoretically informed and empirically grounded and take into account both the local and broader organizational context of street-level professional practice. Above, I have outlined the approach I have taken in order to contribute to this development. Like any research design, this approach has some clear limitations. In employing a practice-based and ethnographic approach, I have no ambition of arriving at statistical generalization, explaining universal variation or predicting future outcomes. However, I do aspire to arrive at *theoretical generalizations* and analytical concepts that might prove valuable in other contexts. As Feldman and Orlikowski note, practice-based approaches have the potential to do just this:

The theoretical generalizations produced through the use of practice theory are not predictions in the conventional sense but may be better understood as principles that can explain and guide action. They articulate particular relationships or enactments (...) that offer insights for understanding other situations while being historically and contextually grounded. (...) Although each context of study is different, the dynamics and relations that have been identified and theorized can be useful in understanding other contexts. In this way, theoretical generalizations are powerful because they travel. (Feldman and Orlikowski 2011, 1249)

Importantly, the development of more nuanced understandings, theoretical generalizations and new analytical concepts may also provide new foundations for discussing necessary and desirable changes, with regards to the role and mobilization of different types of knowledge in street-level professional work. As noted by Brodtkin, the street-level perspective generally carries the potential to contribute to practice development, precisely because it brings attention to the necessary conditions and potential barriers for street-level organizations and professionals to carry out the work that we expect of them in appropriate and acceptable ways (Brodtkin 2012). Similarly, because it produces situated and contextualized findings, practice-based scholarship has the potential to generate research-based knowledge and insights that resonate more directly with practitioners' experience. This makes it possible to point to possibilities for intervention and experimenting, which are rooted in an appreciation of the characteristics of everyday organizational life and the needs and concerns of practitioners, as well as the needs and concerns of other stakeholders.

1.5 Chapter outline

Table 1 provides an overview of the structure of the thesis.

Table 1: Overview of chapters

Overview of chapters	
Part I: Introduction	1. Introduction
Part II: Theoretical framework	2. Evidence-based practice, knowledge mobilization and street-level professionalism 3. Conceptual framework
Part III: Research design, methods and data	4. Research design and empirical setting 5. Generating and analyzing data
Part IV: Analysis	6. Theorizing evidence-based practice in Danish child protective services 7. Mobilizing knowledge in everyday practice 8. Organizing knowledge and decision-making: Deliberative organizational routines
Part V: Conclusion	9. Conclusion

Part I is the Introduction, which comprises this chapter (Chapter 1). Part II unfolds the theoretical background (Chapter 2) and conceptual framework (Chapter 3) in more detail. Part III presents the empirical setting and research design for the study. First, I provide a general introduction to the organization of child protective services in Denmark. I then present the research design and discuss my selection of sites and interview participants. This is followed by a more detailed presentation of the sites – the two municipalities and the three child protective agencies – where I have conducted my fieldwork (Chapter 4). Following this, I discuss how I have generated and analyzed the data, including a discussion of methodological and practical considerations and a discussion of relevant evaluation criteria for this type of qualitative-interpretive research (Chapter 5).

Part IV presents my analysis in three chapters: The first analytical chapter investigates how the evidence agenda has been theorized in Danish child protective services. The narrative fluctuates between field-level and local organizational developments to illustrate their intertwinement. I outline the changing theorizations and develop the concept *explicit professionalism* to describe what today appears to be a shared aspiration in the field (Chapter 6). Against this backdrop, the second and third analytical chapters dive deeper into everyday practice in the three agencies. I begin by presenting some fundamental characteristics of child protection work. Arguing that decision-making in this context is partly a continuous process of *direction-making*, I then analyze how different types of knowledge are mobilized and show how the ideal of explicit professionalism is enacted in practice (Chapter 7). In the final analytical chapter, I show how knowledge mobilization and decision-making is intricately tied to a specific type of organiza-

tional routines, which I label *deliberative organizational routines*. These routines serve many purposes and enable the *collective exercise of professional judgment*. At the same time, they enable and constrain the mobilization of different types of knowledge and hence give rise to tension among different groups of professionals. I also discuss some critical dilemmas associated with the interaction between formalized routines and informal interaction in terms of knowledge mobilization and decision-making, which are pertinent to the ideal of explicit professionalism (Chapter 8).

Part V presents the conclusion, which comprises a summary and discussion of the main findings, followed by some reflections on limitations, relevance and generalizability and a discussion of the study's main contributions and implications for research and practice (Chapter 9).

2. Evidence-based practice, knowledge mobilization and street-level professionalism

2.1 Introduction

This chapter introduces and discusses different bodies of literature with relevance to my inquiry into the issue of how (research-based) knowledge is mobilized for professional decision-making in organizations at the frontlines of public service. The aim of the chapter is to lay out the empirical and theoretical landscape in which this study is situated. In continuation of the introduction in Chapter 1, I begin this chapter with a discussion of how the idea of evidence-based practice is represented in the academic literature, focusing primarily on discussions of evidence-based practice in social work research. I present two *ideal-type models of evidence-based practice* in the literature and outline the central debates surrounding these models. Notably, these debates have led to the proposal of several alternative conceptualizations and ideal type models of the relationship between (research-based) knowledge and professional practice.

I then go on to argue that, underlying the debates over evidence-based practice, are two fundamental issues: One is the issue of how the role of research-based knowledge relative to other types of knowledge and how it comes to influence professional decision-making in practice. With regards to this issue, I investigate the literature on *research utilization*, or *knowledge mobilization*, as it is often labelled to today. While this literature contains important insights, recent contributions point to the need for further theoretical and conceptual development. This is accentuated by the fact that research on knowledge mobilization often neglects relevant theoretical ideas and frameworks from the literature on professional work and the literature on public administration that can help us understand the deeper issues at stake in debates over evidence-based practice.

The second fundamental issue concerns the place for professional autonomy and discretion in the context of public services. Based on the argument that research into (changing) professional practices of knowledge mobilization needs to take the organizational and societal context of public professional work more directly into consideration, I draw on the literature on street-level bureaucracy and the sociology of professions to conceptualize the changing roles and conditions for professionals in public service organizations. I specifically focus on *discretion* and *accountability*.

Before embarking on these discussions, a note on my use of the term *evidence* is in order: As anyone vaguely familiar with the debates over evidence-based practice will know, there are di-

verse understandings of what constitutes ‘evidence’. The term most often refers to some kind of codified knowledge that has been produced on the basis of some sort of systematic inquiry. To some, this systematic inquiry must be of a very particular kind (e.g. double-blinded randomized controlled trials) to count as evidence, while others take a broader view. Importantly, such conceptualizations tend to change. (Nutley, Powell, and Davies 2013). Others argue that any source of knowledge may be constructed as evidence when it is mobilized to support a claim (e.g. in a courtroom, in an academic article or in a case file). Accordingly, it is the way knowledge is *used*, and not the way it is produced, that warrants the label evidence (Posborg Michelsen 2014; Schwandt 2015). Following my interpretive standpoint, I will not define the concept in any detail for the purposes of this study. Instead, I treat it as an empirically open category to be contextualized and interpreted accordingly.

2.2 Unpacking the ideal of evidence-based practice

As noted in Chapter 1, the idea of evidence-based practice originated in medicine, where it has been defined as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual clients” (Sackett et al. 1996). Notably, this idea of evidence-based practice born as an aspiration; it is an idealized practice, born from imagination, as opposed to an abstract representation or de-contextualization of an actual practice (Røvik 2007). Due to the fluidity of the core concepts of ‘evidence’ and ‘practice’, their meanings are manifold and can entail a multitude of concrete practices (Olsen 2012). This has left the idea open to numerous interpretations of how it should and could be materialized. This is also the case in the field of social work. This is clearly illustrated in a recent systematic review of social workers’ “Evidence-Based Practice Orientation, Attitudes, and Implementation”, where the authors conceptualize evidence-based practice very broadly as:

(...) a process by which current best evidence, practitioner expertise, client and community preferences and values, and agency, societal, and political considerations are simultaneously blended, in order to provide clients with effective and contextualized services (Scurlock-Evans and Upton 2015, 1).

Based on this rather undefined definition, the authors review 31 articles and conclude that “*there is a great deal of confusion regarding what EBP as an approach actually represents*”. In a similar vein, some scholars have noted that evidence-based practice must be considered “*an ideal that has never been observed in real life*” (Bergmark, Bergmark, and Lundstrom 2012, 607); or, in a more optimistic tone, that it is “*a concept awaiting implementation*” (Mullen et al. 2005, 62). Still, it is possible to distill two dominant ideal-type models which underpin most discussions of evidence-based practice in the scholarly literature. These models represent

different ideas regarding the relationship between research-based knowledge and practice and give rise to different critiques. It is therefore important to distinguish between them.

2.2.1 Ideal type models of evidence-based practice

Two dominant interpretations of evidence-based practice can be identified in the literature, even if they appear under different labels. For example, Bergmark and colleagues (2012) distinguish between the *critical appraisal model* and the *guideline model*. Olsson (2007) identifies three different visions of evidence-based practice, two of which are ideal type models which she labels *evidence-based practice* (equals to the critical appraisal model) and *evidence-based practices* (equals to the guideline model).⁷ Walter and colleagues (2004) identify three different ideal types for how evidence should inform practice, two of which are akin to the models identified by the other authors, and label these *the research-based practitioner model* (roughly similar to the critical appraisal model) and *the embedded research model* (roughly similar to the guideline model) (see also Nutley, Walter, and Davies 2007, 2009). (I have chosen to use the latter labels in the remainder of this thesis, as I find these to be the most telling).

Table 2 presents an overview of the differences between the two models. Understanding both the similarities and the differences can help explain the varied perspectives on evidence-based practice in the field of social work; i.e. why some view evidence-based practice as a way for the social work profession to redeem itself and reclaim autonomy and expertise, following decades of declining trust, while others view it as (yet another) attempt to curtail and control professional discretion.

The research-based practitioner model is akin to the original model for Evidence-Based Medicine, cf. the definition cited above (Sackett et al. 1996). It entails that individual practitioners must search for relevant evidence on a case-by-case basis and apply this evidence in accordance with their professional expertise, the client's preferences and case-specific circumstances by following a specific decision-making process which involves five steps: 1) Framing the problem as an answerable question, 2) conducting a comprehensive search of relevant evidence from research, 3) appraising its validity and relevance, 4) applying it in a professional manner (i.e. combining insight provided by the research findings with professional expertise and the circumstances and preferences of the particular client), and 5) evaluating the outcome.

The *embedded research model* entails that 'the current best evidence' should form the basis for centralized decisions about guidelines and methods which are then to be implemented in prac-

⁷ Olsson's third model is constructed on the basis of a Swedish policy initiative, while the two others are rooted in the academic literature on evidence-based practice.

tice. While the first model conceptualized evidence-based practice as a model for rational decision-making by individual professionals in practice, this model conceptualizes evidence-based practice as a reform program for public services, where the assessment and decisions regarding the quality and relevance of evidence lies with national-level decision-makers. Hence, in this model, evidence-based practice involves adhering to evidence-based guidelines or manualized programs that have been deemed effective on a macro level and are subsequently embedded in working practices (Drisko 2014; Høgsbro 2011; Sundell et al. 2010).

Table 2: Two ideal type models of evidence-based practice

Model	Vision for evidence use	Implementation	Appraisal of research evidence	Uses of research evidence
The research-based practitioner model a.k.a. Evidence-based practice The critical appraisal model	Rational professional decision-making process consisting of five steps: 1) Frame the problem as a question, 2) Search for relevant evidence, 3) Appraise validity and relevance, 4) Apply in a professional manner by combining evidence and professional expertise and circumstances and preferences of client, 5) Evaluate outcome	Individual bottom-up, requires direct access to research + critical appraisal skills	Professional practitioner	Searched for and appraised by the individual practitioner on a case-by-case basis – hierarchy of evidence – instrumental, direct forms of use
The embedded research model a.k.a. Evidence-based practices The guideline model	Implementation of evidence-based methods, tools, instruments and guidelines	Top-down, policy-driven, regulatory regimes or performance management are often used to encourage or coerce use	National or local policymakers and management	Informs the development of evidence-based methods and guidelines – hierarchy of evidence – instrumental, direct forms of use

Sources: Bergmark, Bergmark and Lundstrøm 2012, Walter et al. 2004, Nutley et al. 2007, 2009, Olsson 2007

Both models target professional autonomy and discretion in making decision about clients, by requesting that professionals follow a specific procedure to reach decisions, or that they adhere to centrally sanctioned guidelines and manuals when delivering interventions. In both models, the use of research is conceptualized as direct and instrumental in nature, i.e. what Weiss referred to as a problem-solving model of research utilization (Weiss 1979). While the research-based practitioner model focuses on rational decision-making, which entails the need to secure the quality and accessibility of evidence and the skills of practitioners in terms of critical appraisal, the embedded research model often also involves financial concerns, as the implementation of evidence-based programs and guidelines is expected to increase the (cost-)effectiveness

of interventions. Hence, in this model, evidence-based practice is not only viewed as a way of increasing the role of a specific type of research-based knowledge in practice, but also as a necessary means for coping with tight budgets and increasingly scarce resources in all areas of public service (Hansen, Kristiansen, and Sørensen 2014, 345).

2.2.2 Professional practice and scientific rationality

Three fundamental questions must be addressed to fully understand the ways in which these models present a challenge to social work and child protection: First, what counts as good evidence? Second, what does it mean that practice is ‘based’ on evidence? And third, who is responsible for (and perceived as capable of) appraising the evidence, and what role do other forms of knowledge, e.g. professional expertise, play in this process?

First is the issue of what counts as good evidence and ensuing discussions over how broadly or narrowly the concept of evidence should be defined (Scurlock-Evans and Upton 2015, 21). The concept of ‘evidence’ in the models above is based on a hierarchical view of research methods, where systematic reviews of randomized controlled trials are generally viewed as the only sufficiently rigorous sources of evidence with regards to the fundamental question ‘what works?’, while other methods are relegated to lower positions in so-called *evidence hierarchies*, of which there are different versions (Hansen and Rieper 2009; Nutley, Powell, and Davies 2013).

The preoccupation with establishing causality that is inherent to asking ‘what works’ has resulted in a longstanding methodological debate over the relevance of different approaches (e.g. Creemers et al. 2017; Hansen and Rieper 2009; Mullen 2016). Some critics suggest that for example realist evaluation is better suited to address the ‘what works’ question in a manner relevant to policy and practice, because it focuses not only on ‘what works’ but also on how, for whom and under which circumstances policies and programs work (Pawson and Tilley 1997; Sanderson 2002). Another prominent aspect of this debate consists in pointing out the relevance of a host of other questions besides ‘what works’ as equally important to policy and practice (Nutley, Walter, and Davies 2007).

Second is the question of what it means that practice should be ‘based’ on evidence. The two ideal type models of evidence-based practice both imply that evidence can and should be applied directly to problems in professional work in an instrumental manner. This is challenged by several scholars based on arguments about the nature of social work practice (and professional practice in general).

From one perspective, the main challenge to increasing the use of research is that social work practice often unfolds in highly complex and stressful organizational contexts, where many bar-

riers to ‘ideal’ decision-making exist; including time constraints, limited and uncertain information, the need to accommodate various systems and regulations, multiple stakeholders and lack of qualified supervision (Høybye-Mortensen 2013; Kildedal, Laursen, and Riis Michelsen 2013; Munro 1998). These conditions, which Lipsky (2010) point to as characteristic of much work in frontline of public services, leave little motivation, time and encouragement for the individual to engage with and use research (see also Social Care Institute for Excellence (SCIE) 2014). This objection is mainly directed at *the research-based practitioner model*: There is a long way from the actual conditions of decision-making in public services to the highly structured, rationalized model for decision-making promoted here. Therefore, some critics argue, the chances of success for this model are inherently limited due to professionals’ lack of abilities and not least the conditions of the work.

Other critics point to a more fundamental issue regarding the ambition that decisions should be ‘based’ on evidence; namely the ‘wicked’ nature of social problems (Høgsbro 2011; Krogstrup 2011; see also Head and Alford 2015). As opposed to ‘tame’ problems, which are easily identified even if their solution may be complicated, wicked problems are difficult to define and delineate. Because the definition of a problem influences the range and types of solutions that are deemed relevant, different actors will often seek to define – or construct – the problem in different ways. Moreover, since problems are socially constructed and cannot be clearly defined, their boundaries may be narrowed or broadened at different times, and different actors are likely to have different opinions regarding when and whether a problem is solved. This renders all ‘solutions’ partial and temporary.

In light of this, the idea of evidence-based practice, particularly in the form of *the embedded research model*, has been criticized for effectively eclipsing the process of analysis, diagnosis and inference that is considered pivotal to professional (social work) practice (Skytte 2013, 39; see also Abbott 1988). Still, the research-based practitioner model is regarded by many as relatively compatible with social work practice, precisely because it not only emphasizes the role of evidence, but also views professional expertise and clients’ preferences as integral to sound decision-making. Hence, it stresses the role of the individual practitioner and the situated context-sensitive coupling of analysis, diagnosis and intervention (Drisko 2014; Gambrill 2008, 2011; Mullen et al. 2005; van der Zwet, Kolmer, and Schalk 2016, 2016). In contrast to the embedded research model, the research-based practitioner model of evidence-based practice has been promoted as an anti-authoritarian, democratic and empowering model that “*pits Socratic questioning against those who prefer not to be questioned*” (Gambrill 2006, 352; quoted in Avby 2015, 23), with proponents emphasizing professionals’ *ethical* obligation to deliver evidence-based services (Gambrill 2011).

However, the extent to which the professional expertise is truly acknowledged as valuable in practice is questioned by several observers. For example, reflecting on the ideal of evidence-based practice in education, Schwandt points out that even if professional expertise is acknowledged rhetorically by proponents of evidence-based practice, those advocating for a greater role for scientific evidence in professional practice often do so from a position of authority where they “look upon everyday practice as being in need of salvation”. This is based upon an “all-or-nothing view” of reason, which does not recognize the value of practical reasoning: “either our actions are guided by reliable, scientific knowledge of what works or they are idiosyncratic and thereby driven by intuition, habit, and so on.” (Schwandt 2005, 300). Schwandt argues that such a position is highly problematic because it risks displacing the professional expertise that is needed to navigate the normative context of professional practice and exercise sound professional judgment, in favor of ‘scientific rationality’. (Similar concerns about the challenge that “technical rationality” present to professional knowledge were put forward by Schön in his classic book on *How professionals think in action* (Schön 1983)).

This perspective is certainly also reflected in the social work literature. One example of this is the scholarly debate concerning a governmental initiative to promote evidence-based practice in social work in Sweden. An article presenting the Swedish government’s efforts bears the title “From Opinion-Based to Evidence-Based Practice” (Sundell et al. 2010), indicative of an approach similar to the all-or-nothing position mentioned above. The initiative resulted in several critical articles. For example, Johansson, Denvall and Vedung (2015) conceptualize the initiative as a bureaucratic translation of the research-based practitioner model and describe how, among other issues, the client’s preferences – i.e. a core element in the original definition of evidence-based medicine cited above – seem to have vanished from the translated model. Bergmark and colleagues are equally critical and describe the model as a “top-down” project (Bergmark, Bergmark, and Lundstrom 2012, 598), while Petersen and Olsson argue that this model of evidence-based practice is likely to decrease social workers’ reflection on decision-making and lead to an impoverished rather than enriched “knowledge culture” (Petersen and Olsson 2014).

In sum, while there is some support for the research-based practitioner model, the embedded research model has many critics in the field of social work – also among proponents of the research-based practitioner model, who argue that the embedded research model represents a distortion of the original intentions of evidence-based practice, because it favors centralized decision-making and standardization and limits professional discretion in undesirable ways (Gambrill 2011; van der Zwet, Kolmer, og Schalk 2016).

This is related to the third question outlined above, namely the question of who is responsible for, and perceived as capable of, appraising research evidence: In the embedded research model, the process of searching for and appraising relevant evidence is the prerogative of government agencies or independent organizations, which specialize in the production and synthesis of evidence, while decisions about implementing evidence-based guidelines and programs can be made by decision-makers on both the national and the local level. In other words, professionals do not come into direct contact with the research that underlies the programs and guidelines which they are then asked to use. This means that the process of determining what research-based knowledge is relevant for professional practice becomes the object of external control instead of being in the hands of professionals. (Proponents of the embedded research model may argue that, given the current state of affairs, the alternative would be that research-based knowledge is in the hands of no one. Still, it is clear why this model is perceived as a challenge to professional autonomy.)

2.2.3 Alternative conceptualizations of the research-practice relationship

As part of their critique of evidence-based practice, some social work scholars suggest alternative models, which in their view represent more adequate conceptualizations of the role of research-based knowledge in professional practice. For example, Otto and colleagues suggest that *reflexive professionalism* could be a model for the “*second generation of evidence-based practice*” (Otto, Polutta, and Ziegler 2009). Drawing on Weiss’ argument regarding the use of research in policy-making, Otto et al. argue that, rather than playing an instrumental role, research-based knowledge will most often provide a ‘background’ of ideas, empirical findings and data to inform the way that social workers think about problems (Otto, Polutta, and Ziegler 2009, 474; Weiss 1982). (I will return to this and other relevant perspectives in the literature on research utilization below).

Notably, this alternative model also involves a discussion of the purpose of social work: According to Otto et al., the purpose of social work is not to impose on clients the values and standards set by program designers, policy-makers and professionals, but to expand clients’ basic freedom and enable them to live their lives as they see fit, i.e. according to their own values and standards. Therefore, the ‘effectiveness’ of social interventions is a fundamentally ambiguous target, which does not easily lend itself to standardized measurement and evaluation. Evidence from research still plays a crucial role, albeit a very different one than is envisioned in what these authors label ‘first generation evidence-based practice’.

In a less optimistic and consensus-seeking manner, Petersen and Olsson (2014) argue that evidence-based practice as a strategy is simply a “*dead end*” when it comes to ensuring that social

work is based on relevant, applicable knowledge. Instead, they argue, the ideal of evidence-based practice should be replaced by a new model, praxis-based knowledge (PBK), which emphasizes the importance of clients' perspectives and the practical wisdom or *phronesis*⁸ of social workers:

(...) social workers should be allowed and engaged to play a central role in research and evaluation. However, they should also be encouraged to use different forms of knowledge in practical situations, instead of having manual-based 'solutions' imposed on them. (Petersen and Olsson 2014, 10)

According to Petersen and Olsson, such a change in perspective “*could mean nothing less than a collective process of knowledge-based professionalization of social workers.*” (ibid.). (Note the call for renewed empowerment of social workers through increased *professionalization* embedded in this argument, which reflect another crucial aspect of the debates to which I will return below).

The two alternative models proposed by Otto et al. (2009) and Petersen and Olsen (2014) are listed in Table 3 together with a third model, called *the organizational excellence model*, which is an ideal type model based on activities to promote research use in social work in the UK (Walter et al. 2004). This model shares the emphasis on conceptual rather than instrumental uses of evidence, but, contrary to the other models, it places the responsibility for the appraisal and use of evidence at the local organizational level rather than with the individual practitioner, as in the research-based practitioner model, or with national-level policymakers or organizations, as in the embedded research model. Hence, we now have five different ideal type models of the relationship between research and practice.

8 The term *phronesis* stems from Aristotle's classic distinction between three forms of knowledge: *episteme* (often translated as *scientific knowledge*), *techne* (often translated as *skill*) and *phronesis* (often translated as *practical wisdom* which includes the ability to act in ethically appropriate ways in concrete situations) (Aristoteles 2000).

Table 3: Alternative models of research utilization in social work

Model	Vision for practice	Implementation	Appraisal of research evidence	Uses of research evidence
Reflexive professionalism	Research informs thinking about problems and decision-making	Individual, bottom-up – based on professional and ethical standards	Professional practitioner	Ideas, empirical findings and data from research provides “background” for practice – conceptual, indirect forms of use
Praxis-based knowledge	Development of phronetic knowledge (value-based, context-dependent, power sensitive and grounded in practical experience)	Bottom-up, “contextual knowledge use from below”	Professional practitioner	Professionals function as phronetic knowledge agents and contribute to the generation of praxis-based knowledge, reflective dialogue as a method for using and producing relevant knowledge – social and collective forms of use
The organizational excellence model	Organizational development through experimentation, innovation and evaluation	Local, often via partnership with research institutions	Local management and practitioners	Evidence is used as a starting point for development and generated locally through experimentation and evaluation – conceptual, interactive forms of use

Sources: Otto et al. 2009, Nutley et al. 2007, Walters et al. 2004, Petersen and Olsen 2014

This rather lengthy discussion has hopefully served to elucidate that there is good reason why the debate around evidence-based practice is characterized not only by conflict but also by a great deal of confusion. It is not always clear which of the ideal-type models outlined above underpin the arguments put forward in the debate, and hence, it is often uncertain what is associated with the term ‘evidence-based practice’, because it depends on the perspective and experiences of those joining in the debate. The different understandings and perspectives are important to explicate in some detail, because the debate about evidence-based practice is not merely a debate about how to make sure that public service delivery reflects the current best knowledge about ‘what works’. It is also a debate about which principles should govern public service delivery in general, and social work specifically. This includes questions about the role, autonomy and discretion of professionals, the management of services, and about the fundamental values and purposes of social work (cf. the discussion of Otto and colleagues above).

It is not surprising then, that the different conceptualizations of evidence-based practice invoke very different reactions, just as they call for different policies and strategies for realizing their vision. At the same time, the debates outlined above point to the fundamental question of how research-based knowledge may come to influence professional decision-making in practice. In the following, I will examine two different bodies of literature, both of which speak to the is-

sues raised by the evidence agenda and contain important perspectives to guide further inquiry into this underlying question. First, I will present a brief overview of research on research utilization and outline some important insights from this literature, along with some blind spots and missing pieces. Second, I will discuss the extant literature regarding professionals in public service organizations. This literature presents important insights regarding professional discretion and autonomy in the context of public services, which, I argue, should also be brought to bear on discussions of decision-making and knowledge mobilization practices in professional work.

2.3 Research on research utilization and knowledge mobilization

In this section, I examine theoretical developments in the field of research utilization, or knowledge mobilization, which serve to shed new lights on the debates over evidence-based practice reiterated above. The field of research utilization last blossomed in the late 1970ies, when scholars became concerned with the seeming lack of impact of the social sciences, and particularly policy and program evaluation, on policy and practice. This concern led to the development of the field of *research utilization* or what Weiss and Bucuvalas called the *sociology of knowledge application* (Weiss and Bucuvalas 1980), the purpose of which was to understand and explain processes of knowledge use (or non-use) in policy and practice settings (Nutley, Walter, and Davies 2007).

Recent developments in the literature on research utilization have been spurred by, and co-evolved with, the evidence agenda. For example, the focus on evidence-based medicine and health care has led to the rise of *knowledge translation* (also termed “T2” research (Grimshaw et al. 2012) or *knowledge-to-action* (Ward, House, and Hamer 2009a)) as a field of research in its own right. Today, the term *knowledge mobilization* seems to be gaining ground as the preferred umbrella term for research and other initiatives which focus on increasing the use of research-based knowledge among professionals (e.g. Davies, Powell, and Nutley 2016; Ward 2016).⁹

The purpose of much research in this field is not so much descriptive and explanatory as it is instrumental and normative in exploring and testing ways of increasing the use of research in professional practice. Consequently, the literature is characterized by a plethora of both descriptive and prescriptive models, which are regularly reviewed and refined, in an effort to reach consensus about terminology and essential barriers and facilitators to take into account when

⁹ In addition to this, a growing body of literature focuses on increasing the use of research among policymakers (e.g. Cairney 2016; Oliver, Lorenc, and Innvæ 2014). I will not go into detail with this, except to say that there are many similarities in the debates on research use in policy and practice settings. Especially Oliver et al. (2014) present a (critical) perspective on research on evidence-based policy-making, which is similar to my perspective in this thesis.

planning knowledge interventions (Graham et al. 2006; Ward, House, and Hamer 2009a; Grimshaw et al. 2012; Contandriopoulos et al. 2010). Studies differ in theoretical perspectives, and in the degree to which they are theoretically informed, but share an overarching aim to increase knowledge about “*what works, in which settings and with whom*” (Ward, House, and Hamer 2009a, 164).

A variant of this type of research, which has been labelled *implementation science* (not to be confused with traditional implementation research in the field of public administration and policy), is currently spreading from healthcare to various other practice settings such as social work and education (see for example Albers, Månsson, and Høgh 2015; Fixsen et al. 2005; Nilsen 2015; Powell et al. 2015). Research that falls under the category of implementation science is generally characterized by instrumental, managerial and somewhat “technicist” approaches. The overall aim is to ensure high-fidelity implementation of evidence-based guidelines, methods and programs. As such, it aspires to be an applied science, which offers advice, models and prescriptions, rather than an intellectual endeavor towards understanding and explaining processes of research utilization.

While the debates about evidence-based policy and practice have naturally fostered a preoccupation with instrumental uses of research, a closer look at both classic and recent contributions in the field highlights the importance of more nuanced understandings of what it means to use research (Greenhalgh 2010; Greenhalgh and Wieringa 2011; Nutley, Walter, and Davies 2007; Prewitt, Schwandt, and Straf 2012; Schwandt 2015; Weiss 1979). In the following, I will focus on this strand of literature and discuss its relevance with regards to the problem, purpose and approach that guides my inquiry (cf. Chapter 1).

2.3.1 Research utilization and decision-making

In her seminal contributions to the field, Weiss argued that research influences policy in a multitude of ways, though most often not through the direct, linear and rational processes which tend to dominate discussions on the issue of ‘non-utilization’ and is also present in much of the literature on evidence-based (policy and) practice today. In her seminal article on “*the many meanings of research utilization*”, Weiss questioned the preoccupation with problem-solving and other instrumental uses of research (Weiss 1979). More often, Weiss argued, research influences thought and action in much more indirect ways. Indeed, the influence of research often occurs in a “*context of diffuse decision-making*”, or in *non-decisional processes*, which are much more common in policy-making than the bounded, purposive events usually associated with ‘decision-making’, and takes the form of what is often referred to as enlightenment or conceptual use, in which:

Research provides a background of data, empirical generalizations, and ideas that affect the way that policy makers think about problems. It influences their conceptualization of the issues with which they deal; affects those facets of the issue they consider inevitable and unchangeable and those they perceive as amenable to policy action; widens the range of options that they consider; and challenges some taken-for-granted assumptions about appropriate goals and appropriate activities [...] In sum, policy studies – and social science research more generally – have made significant contributions by altering the terms of policy discussion. (Weiss 1982, 621).

Weiss showed how decision-making often emerges as the result of many small acts or “*incremental adaptations*” that gradually set direction and limits to actions (Weiss 1982, 627) and described the process of utilization as the “*merging*” of research results with other sources of information and ideas. This conceptualization of research utilization has two notable consequences: First, research can be helpful in other ways than problem-solving, for example by providing order and labels for “*previously inchoate and unorganized experience*” and hereby “*mold*” users’ thinking into categories derived from social science. Second, because of the incremental merging process, most decision-makers “*are largely unaware of how and when they use research*” and will rarely be able to point to a single study that changed their way of thinking or led to some specific decision or action. Indeed, Weiss found that the decision-makers she studied:

(...) have great difficulty disentangling the lessons they have learned from research from their whole configuration of knowledge. They do not catalog research separately; they do not remember sources and citations. With the best will in the world, all they can usually say is that in the course of their work they hear about a great deal of research and they’re sure it affects what they think and do. They can’t give specific illustrations of their use of a specific study, because that is not how they work. (Weiss 1982, 623).

Weiss’ empirical work focused on policy-makers. Yet, there is no reason to believe that this difficulty in assessing one’s own uses of research would not also apply to street-level professionals. Gabbay and Le May’s comprehensive study of the use of evidence among professionals in clinical health care substantiates the suggestion that this is indeed the case (Gabbay and Le May 2004, 2011). We will return to their insights below. With regards to social work, these insights suggest that, to the extent that social workers do in fact make use of research-based knowledge in everyday practice, they will most likely not be able to pinpoint exactly when and how this happens. Hence, asking them about their use of various sources of knowledge (e.g. the regularity and frequency with which they consult academic or professional journals, knowledge portals, textbooks, colleagues, etc.) may not provide a very clear picture of what is going on in

practice. Nonetheless, as noted in Chapter 1, studies of social workers' use of research often do exactly that.

2.3.2 From research utilization to knowledge mobilization and integration

The contributions of Weiss and others continue to influence research in the field today, as scholars build on these insights to emphasize that the process of sharing and bringing research-based knowledge to bear on decision-making can only rarely be expected to happen in straightforward, linear and instrumentals ways. Motivated by, and critical of, the preoccupation with evidence-based practice, many argue that research-based knowledge rarely occupies a privileged position compared to other forms of knowledge, and that the use of research-based knowledge should be viewed as dynamic, iterative and often highly social processes of integrating various forms and sources of knowledge, as opposed to discrete events where evidence is applied instrumentally to inform specific decisions (Davies, Nutley, and Walter 2008; Greenhalgh 2010; Greenhalgh and Wieringa 2011; Nutley, Walter, and Davies 2007; Schwandt 2015). For example, Davies and colleagues argue that research-based knowledge:

(...) sits alongside and competes with other forms of existing, structured and contextualized knowledge (e.g. professional knowledge and professional judgment) (...) There is thus an ecology of knowledge, where research-based knowledge must compete with other ways of knowing for influence (Davies, Powell, and Nutley 2016).

In a similar vein, Ward and colleagues suggest an approach which recognizes the use of research as being “a dynamic and fluid process which incorporates distinct forms of knowledge from multiple sources” (Ward et al. 2012, 297), while Nutley, Walter and Davies suggest that research use by (professional) practitioners can be viewed as “an interaction between the ideas and findings contained in the research and the existing knowledge, experiences and attitudes of the practitioners themselves: a complex, varied and unique process” (Nutley, Walter, and Davies 2007, 43). These scholars generally agree that further theoretical development would benefit from conceptualizing processes of research utilization as interweaved with other aspects of professional practice instead of something (indeed: some “thing”) that can be isolated from it.

Alongside these developments, terminology in the field has shifted from research utilization to knowledge mobilization, which denotes the common interest in the interplay between research-based and other forms and sources of knowledge. In relation to the evidence agenda, the knowledge mobilization perspective is reflected in suggestions to abandon the concept of evidence-based policy and practice in favor of concepts such as evidence-influenced (Newman, Cherney, and Head 2016; Prewitt, Schwandt, and Straf 2012) or research-informed practice (Nutley, Walter, and Davies 2009; Walter et al. 2004). These concepts are viewed as better suit-

ed to capture the realities of research use, as they recognize the integration of research-based knowledge with other forms and sources of knowledge (Weiss 1982; Nutley et al. 2007), acknowledge the legitimate role of norms, values and ideology in situations where ethical and moral considerations are called for (Weiss et al. 2008).

This perspective is in line with the arguments put forward by social work researchers in their critique of evidence-based practice as a model for increasing research utilization in social work, exemplified by Otto et al.'s model of reflexive professionalism, which is directly inspired by Weiss' work. Similarly, in her study of Swedish social workers' uses of evidence, Avby argues that research utilization is best conceptualized as encounters between research-based and practice-based knowledge and suggests that these encounters are essentially learning processes (Avby 2015, 77), while Heinsch and colleagues argue that the debates on evidence-based practice in social work could benefit from drawing on precisely the broader literature on knowledge mobilization (or knowledge utilization, as it is called here) (Heinsch, Gray, and Sharland 2016). In a similar vein, scholars in other professional fields also emphasize the reflexive and indeterminate nature of decision-making in professional practice and the prominent role of normativity, values and power relations and argue that this calls for broader and deeper understandings of research utilization processes than those implied by the models of evidence-based practice (e.g. Biesta 2010; Gabbay and Le May 2011; Greenhalgh 2010; Schwandt 2005).

One of the most comprehensive attempts to develop a practice-based understanding of how research comes to influence professional decision-making is found in the work of Gabbay and Le May. Drawing on extensive fieldwork among clinicians in two health care clinics, Gabbay and Le May theorize the process of research utilization in health care as the ongoing collective development of professional *mindlines* (Gabbay and Le May 2004, 2011; Wieringa and Greenhalgh 2015). Mindlines are conceptualized as a form of internalized but collectively reinforced guidelines, which are informed by the practitioners' training, their own and others' experience with dealing with various cases (clients, citizens), how to handle conflicting demands, their understanding of local circumstances and systems, and a host of sources of explicit and codified knowledge, including professional journals, textbooks, media, education sessions, user surveys, conferences, knowledge portals, guidelines for practice, etc. (Gabbay and Le May 2011, 44).

Importantly, mindlines are conceptualized as qualitatively different from e.g. expert intuition, heuristics or experiential knowledge. Explicit (research-based) knowledge and logical thinking is considered essential to forming and continuously developing professional mindlines. Still, Gabbay and Le May's concept of mindlines has been dismissed by some as resembling precisely the form of opinion- or intuition-based practice that proponents of evidence-based practice set out to challenge (Wieringa and Greenhalgh 2015). Gabbay and Le May agree that the quali-

ty of professional mindlines may rightfully be challenged, as they are not *necessarily* continuously developed and refined in practice; they might also become stifled and entrenched. Hence, “*local collective and individual mindlines can enshrine and perpetuate what are sometimes deplorable variations*” (Gabbay and Le May 2011, 203).

While the concept of mindlines is descriptive rather than normative, Gabbay and Le May argue that it *is* possible to increase the role of research-based knowledge in the formation and development of mindlines. Specifically, Gabbay and Le May suggest that a positive circle of mindline development involves the exposure of tacit knowledge and increased uptake of explicit knowledge through processes of collective sense-making. Organizational infrastructure, resources and demands are also suggested to play a significant role in enabling or constraining these processes, as are the organizational surroundings; for example political and financial priorities, the prevalence of professional networks and knowledge brokers (Gabbay and Le May 2011, 198pp). However, this requires a better understanding of the sources, routes, processes and practices through which research-based knowledge becomes a part of (a group of) professionals’ collective internalized mindlines.

The concept of mindlines is interesting, because it represents an attempt to theorize processes of research utilization that is grounded in *actual practice* rather than abstract and normative ideals. As such, it brings us closer to understanding how knowledge mobilization works in professional practice settings. However, the role of the organizational ‘infrastructure’ and the broader organizational environment requires further elaboration. Put differently: If we accept the concept of mindlines as a way of conceptualizing processes of professional knowledge use and development, this leads to a pressing question: What kinds of social processes, organizational structures and routines enable continuous checking and qualification of professional mindlines, and according to whose standards? As highlighted in the discussion of evidence-based practice models above, there are many different definitions, opinions and perceptions of the role and relevance of different types of knowledge in professional work, which means that there is a need to take conflicting perspectives and political aspects of this issue into consideration.

In sum, we still lack empirically grounded insights into the actual processes and practices by which research-based knowledge comes to influence deliberations and decisions in both policy contexts and practice settings (Schwandt 2015). Further, there is a recognized need to develop more nuanced theoretical understandings of what is involved when professionals (and organizations) *do* make use of research evidence. As noted by Schwandt, processes of research utilization are inherently integrated in organizational dynamics, including the specific procedures, systems, practices, technologies and norms of research utilization that may characterize both local organizations, professional communities, and entire policy areas (Schwandt 2015, 15).

Accordingly, theoretical development should take into account all these different aspects of the situation – or, as Schwandt phrases it, both the “*practical, political and intellectual contexts*” of research use (Schwandt 2015, 11; my translation).

2.4 Professional practice in the context of public service organizations

Having considered the issue of the role of research-based knowledge in professional practice, this section focuses on the organizational context in which professional practice take place, and hence on the other issue raised in the debate over evidence-based practice; namely the role and autonomy of professionals in public service organizations. Here, I draw on the literature on *street-level bureaucracy* (Lipsky 2010) and combine this with the sociological literature on professions and professionalism, to conceptualize social workers as *street-level professionals*. This reflects a perspective which recognizes social workers, and other public professionals’, dual status as professionals *and* bureaucrats or implementers of public policy (Hupe and Hill 2016, 6-7). Both literatures place discretion at the heart of street-level/professional practice. Recognizing that professionals are also public employees, who are accountable to a broad range of stakeholders and whose discretion is bound by policies and organizational standards as well as professional norms, both literatures also point to the challenges of meeting conflicting demands and combining professional and bureaucratic identities. These insights provide an important backdrop for understanding the issues raised by the evidence agenda and, most importantly, highlight the need to take organizational processes and practices into account when investigating professionals’ actual decision-making and knowledge mobilization practices.

2.4.1 Street-level professionals, discretion and agency

In his seminal book on street-level bureaucracy, originally published in 1980 and updated in 2010, Lipsky defines street-level bureaucrats as “[p]ublic service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work” (Lipsky 2010, 3). In Lipsky’s perspective, discretion involves the possibility for street-level bureaucrats to determine “*the nature, amount, and quality of benefits and sanctions provided by their agencies*” (Lipsky 2010, 13). This is necessary, because the work of street-level bureaucrats is made up of “*complex tasks for which elaboration of rules, guidelines or instructions cannot circumscribe the alternative*” (Lipsky 2010, 15).

As noted by Møller (2016), scholars generally agree that street-level professionals’ discretion is both necessary and desirable. Discretion constitutes a crucial element in ensuring that disparate, unique and often highly complex cases are treated in accordance with the intention of the law and in the spirit of equality before it. Ideally, this should be done on a case-by-case basis to en-

sure that services are effective, efficient, and in accordance with legal frameworks and policies as well as local service standards. But, Lipsky argues, the discretion of street-level bureaucrats is also inherently problematic. This is because street-level bureaucrats often have opportunities to exercise discretion beyond the scope formally recognized by the organization. Because policy goals are often overly ambitious, broad, vague, ambiguous or conflicting, street-level bureaucrats are left to make sense of them and prioritize between them. Consequently, they take on a role as ‘de facto policy-makers’, who directly shape policy implementation and service delivery, as they decide “*who gets what, when and how*” (Laswell 1958, quoted in Brodtkin 2011, 199). In other words, their work is inherently political in nature.

Moreover, street-level work is characterized by increasing expectations from the public, and limited resources to meet them. Therefore, the work can rarely, if ever, be carried out according to ideals. Notably, Lipsky describes child protective workers as “*the ultimate street-level bureaucrats*” in terms of the discrepancy between their working conditions and the severity and dilemmas involved in their task (Lipsky 2010, 233). Because of these conditions, Lipsky describes how individual street-level bureaucrats engage in *satisficing*¹⁰, not only in terms of solutions, but also in terms of processes, as they employ various coping strategies to keep a sense of adequacy and control, in spite of the impossible conditions of their work. Lipsky defines coping strategies as “*routines and simplifications which aid the management of complexity*”. Some of these strategies are subjective and informal, while others amount to formal organizational policy or service standards that are enforced locally (Lipsky 2010, 82-86) (see Tummers et al. 2015 for a recent review of the coping literature).

Following Lipsky’s seminal contribution, a large body of literature has examined the antecedents and effects of e.g. coping strategies (Baviskar and Winter 2017), policy preferences (Tummers 2011, 2013) and personal abilities such as empathy (Jensen and Pedersen 2017) on street-level bureaucrats’ discretionary decision-making. In line with Lipsky’s perspective, the majority of this literature views street-level bureaucrats primarily as implementers of policy. However, there is also a different strand of the literature, which focuses instead on the ‘embeddedness’ of street-level bureaucrats in broader organizational and societal contexts (Hupe, Hill and Buffat 2016). These studies show how street-level bureaucrats respond to citizens and their circumstances by drawing on social identities and societal norms. Seeing themselves as “*citizen-agents*” rather than “*state-agents*” (Maynard-Moody and Musheno 2000, 2009), they define themselves in terms of relationships and exercise normative judgments and categorize citizens

10 A term introduced by Herbert A. Simon in his book *Administrative Behavior* (1947). It combines the words “satisfy” and “suffice” to describe a strategy for decision-making under conditions of bounded rationality, where decision-makers search for solutions that are sufficiently satisfactory, i.e. acceptable, rather than optimal.

based on stereotypes of lifestyle, normality and need and perceptions of worth and deservingness (Dubois 2010; Harrits and Møller 2014; Maynard-Moody and Musheno 2012; M. Ø. Møller 2016).

For example, Maynard-Moody and Musheno demonstrate how, in their encounters with citizens, street-level professionals draw not just on policy regulations and rules, but also on normative reasoning and pragmatic improvisation, and argue that they “*play the rules*” as opposed to applying, following or deviating from them (Maynard-Moody and Musheno 2012). Based on their observations, Maynard-Moody and Musheno argue that the concept of discretion presents a too narrow analytical lens, and suggest that focusing on the *agency* of street-level bureaucrats presents a more rewarding way forward (Maynard-Moody and Musheno 2016). In a similar vein, Sandfort (2000) also emphasizes the role of agency and argues that there is a need to move “*beyond discretion and outcomes*” as the main focus for street-level scholarship.

2.4.2 Public accountability and the promise of professionalism

An important consideration with regards to street-level bureaucrats is that, while their decisions shape the face of public policy and have far-reaching consequences for individual citizens, they are “*unelected bureaucrats*” with no democratic mandate (Brehm and Gates 1997). This makes accountability and control a main concern. As highlighted by Evans (2016a, 4), one of the main points in Lipsky’s analysis is that possibilities of managerial control are very limited. Hence, bureaucratic accountability is almost impossible to achieve, as this requires a) clear goals and priorities, b) possibilities of measuring performance, c) standards to which individuals can be held and compared, and d) control of incentives and sanctions, none of which are present in street-level organizations. Even if accountability is pursued through e.g. inspection regimes, manuals, check lists and requirements for documentation, such efforts depend on the willingness of street-level bureaucrats to cooperate.

Nevertheless, empirical studies find that street-level bureaucrats generally do what they can to live up to demands, regardless of the lack of managerial control. For example, Brehm and Gates find that the most important influence on street-level bureaucrats’ performance is their own preferences, but end up concluding that: “*Fortunately for the public, the bureaucrats we have seen in our analysis prefer work and serving the public.*” (Brehm and Gates 1997, 196). Brehm and Gates also find that street-level bureaucrats control each other. In a similar vein, Ricucci concludes that “*the behaviors and actions of street-level bureaucrats can be explained more by the professional norms, work customs, and occupational culture of the workers than by management factors.*” (Ricucci 2005, 115). Maynard-Moody and Musheno (2009) also reach a

similar conclusion. Accordingly, recruitment and socialization appear to be the most effective form of control mechanisms when it comes to managing street-level workers.

Interestingly, recent contributions to the street-level literature have brought attention to “*the promise of professionalism*” as a foundation for the delivery of public services alongside bureaucratic control (van der Aa and van Berkel 2016; Evans 2016b; Hupe, Hill, and Buffat 2016a). While the discretion of street-level bureaucrats is often considered problematic, professionals are generally defined by their possession of abstract knowledge within a domain of action, which serves as the foundation for their exercise of discretion and their claim to autonomy and authority. For example, Abbott (1988) presents a working definition of professions as “*exclusive occupational groups applying somewhat abstract knowledge to particular cases*” (Abbott 1988, 8, 318). Abbott’s definition centers on professionals’ use of abstract knowledge to provide expert service and deal with complex problems (Abbott 1988, 35). Similarly, Freidson emphasizes specialization and the autonomous exercise of discretion based on formalized knowledge as a defining characteristic of professional work (Freidson 2001, 22pp, 202pp).

In his thorough discussion of Lipsky’s work, Evans (2016a) highlights the fact that street-level bureaucrats often have professional training, which bears on the way they exercise discretion, and criticizes Lipsky’s perspective for disregarding the role of professional claims in the construction of discretion:

(...) Lipsky does not give sufficient attention to the possibility that some street-level bureaucrats’ – such as professional workers – may be required to exercise extensive discretion by the organization because of their particular attributes. (Evans 2016a, 17)

In a similar vein, Molander and Grimen are skeptical of the tendency to approach discretion merely as a structural aspect of street-level/professional work. Referring to the understanding of discretion in the street-level literature as a “*a space left open by an authority*”, akin to Dworkin’s description of discretion as the “*hole of the donut*” or “*an area left open by a surrounding belt of restrictions*” (Dworkin 1977, quoted in Hupe, Hill and Buffat 2016, 17), Molander and Grimen develop an alternative understanding of discretion as an *epistemic category*, i.e. a process of reasoning in which professionals engage based on their expertise, and state that: “*To abolish discretion is to abolish the possibility of carrying out professional work.*” (Molander and Grimen 2010, 167).

An important aspect of Molander and Grimen’s understanding of discretion is that, even if professionals share a common knowledge base, they may not always agree: “*It is a feature of discretion that even individuals who reason as thoroughly and conscientiously as possible can reach different conclusions.*” There will always be sources of variation, because all cases will

present several equally positive and desirable but conflicting goals and values, which cannot be realized simultaneously. This is “*the burdens of discretion*” (Molander and Grimen 2010, 183–84). Accordingly, if professionalism is to serve as a substitute for bureaucratic control, this requires a certain level of trust.

In this perspective, professional norms serve an important function in delimiting professional discretion and ensure that it is not misused. Professional norms can be defined as “*prescriptions commonly known and used by the members of an occupation, referring to which actions are required, prohibited, or permitted in a specific situation.*” (Andersen and Pedersen 2012, 48). They represent institutionalized expectations of professionals, for example that they will act in a responsible manner within the framework of the law, adhere to collectively sanctioned ethical codes of practice and that their decisions are informed by relevant and updated sources of knowledge as well as expertise obtained through experience. Professional norms are enforced through socialization and sanctions from within professional groups, because, as noted by Andersen and Pedersen, “*an occupation can hardly keep its status as a profession in the long run if sloppy practices are widespread among individual professionals.*” (Andersen and Pedersen 2012, 48). Professional norms function as a guarantee to politicians and other stakeholders that services will be delivered according to appropriate standards (L. B. Andersen and Pedersen 2012, 47).

In other words, stakeholders’ trust in street-level bureaucrats, and the question of whether they are to be regarded as professionals, hinges on their ability to display and uphold professional norms. This is precisely the ability that is questioned by the evidence agenda. In light of the host of studies that have demonstrated how street-level professionals’ decisions are biased and influenced by personal attitudes, capabilities or policy preferences (cf. above), the repeated criticism of their non-use of research-based knowledge (or evidence), and the ever-looming threat of a new public scandal (as described in the introduction), the pressing question, which is carried forward by the evidence agenda, is: “*Can we trust our public services or the people who work in them?*” (Evetts 2006, 516). As noted by Hupe and Hill, “*many professionals are street-level bureaucrats; at the same time, all street-level bureaucrats are, at least in their own perception, professionals.*” (Hupe and Hill 2007, 282). But they may not be considered professionals in the eyes of others.

This perspective explains why some actors (including professionals and scholars in various professional fields) view the evidence agenda as a welcome way for street-level professionals to redeem themselves and regain public trust, by increasing the transparency and respectability of their knowledge base and/or processes of decision-making. It also explains why street-level professionals – and the organizations in which they work – need to respond.

2.4.3 From idealizing to organizing professionalism

The discussion above points towards the relevance of considering different perspectives on the role of professionals in public organizations. It is a common perception in the literature on professions that trust in professional work is declining. For example, Evans describes how the growth of the welfare state has been accompanied by an increasing skepticism towards professionals: In the early days and during the expansion of the welfare state in the 1960ies, professionals enjoyed expert status and were perceived as ethically committed and altruistic. The 1970ies gave rise to increased criticism, which was also reflected in the sociology of professions literature where functionalist perspectives were abandoned and replaced by critical accounts of professional groups' strategic pursuits of occupational self-interest. During the 1980ies, neo-liberal ideas gained ground. Citizens were conceptualized as consumers and professional arrogance was questioned, while market-based reforms were introduced to counter professional monopolization, along with initiatives such as user evaluations and performance-based management (Evans 2016a; Grand 2010).

In a similar vein, Evetts (2006) describes how the link between trust and professionalism has been deteriorating, and professionals increasingly treated with suspicion, and assigns part of the blame to a range of negligence and malpractice scandals. Noordegraaf (2011) also points to changing service realities and describe how professionals face new risks, partly due to increased media attention and pressures for public exposure of service treatment and, especially, service failure. In the words of Evetts, "the conditions of trust, discretion and competence, which historically have been deemed to be necessary for professional practice, are continually being challenged or certainly changed." (Evetts 2006, 515). As discussed above, the evidence agenda is often considered a part of this development, resembling yet another attack on professional autonomy and discretion. However, this critique is also often grounded in a very specific idea of what constitutes professionalism.

The image of professionalism which is often invoked in the debate on evidence-based practice is akin to an ideal type which is often referred to as occupational professionalism (Evetts 2011, 2014) or pure professionalism (Noordegraaf 2015). This idealized image of professionalism is constituted by several aspects, including: that the provision of advice and treatment is based on discretionary judgment and decision-making, that professional practitioners have control of work systems, processes, procedures and priorities, and that relations between fellow practitioners, between practitioners and clients, and between practitioners and employers are characterized by trust and confidence. Further, occupational professionalism is characterized by strong occupational identities and work cultures based on shared education, training and apprenticeship, as well as collegial authority, legitimacy and mutual support, and a strong sense of purpose and significance of the work. Professional associations are viewed as the main providers of

codes of ethics, licensing, admission and, indeed, the discourse of professionalism, and as responsible for controlling competence, investigating complaints and issuing appropriate sanctions (Evetts 2014, 43).

As an ideal type, occupational professionalism is often contrasted to *organizational professionalism* (Evetts 2011), where control over the work lies with the organization rather than the profession, implying a ‘managerialized’ and less autonomous form of professionalism. However, as also noted by Evetts, while some aspects of occupational professionalism might have been operational for some professional groups at different points in time, others represent romanticized ideals rather than realities (Evetts 2006, 2014). Similarly, Noordegraaf (2016) highlights that public professions such as teaching, social work and policing have never been autonomous. Professional practice in the frontlines of public services inherently takes place in organized and bureaucratic contexts where professionals are rightfully accountable not only to managers and policymakers but to multiple stakeholders. Indeed, as noted by Hupe and Hill (2007), the public accountability of professionals in the role as street-level bureaucrats, is not only vertical but multi-dimensional in nature, and encompasses public-administrative accountability, professional accountability and participatory accountability. The latter category emphasizes the role of networks and relationships with a wide range of stakeholders on both individual, organizational and system levels that characterize public professional work today (Hupe and Hill 2007).

In line with this insight, the sociological literature on professional groups presents a growing interest in less pure and more *hybrid* concepts of professionalism to describe how professions and organizations are faced with, and seek to accommodate, these changing conditions and demands (Noordegraaf 2011, 2015). Noordegraaf (2015) suggest four concepts to describe shifting understandings of the relationship between professions and organizations: *Pure professionalism* which privileges professionals and protects them from organizational and managerial logics, *controlled professionalism* which disciplines professionals and privileges the product to get results, *managed professionalism* which is a hybridization of professional and managerial logics focused on optimizing performance and, finally, *organizing professionalism* which embeds organizing roles and capacities within professional practice.

The latter concept describes a perspective that “*highlight not so much organizational dimensions around professional work, but organizational dimensions of and in professional work.*” (Noordegraaf 2015, 2; emphasis in original). It implies that organizing and collaborating to treat cases in a timely and efficient manner, and meeting the demands of various stakeholders, becomes an *integral* part of professional work rather than something that is imposed from the outside. The concept of organizing professionalism also implies that there are no *inherent* dichot-

omies between professionals' and service managers' perspectives on professional work, or between organizational and professional goals and priorities. As Noordegraaf (2011) points out:

Professionals might take up organizing roles, and professional service organizations might organize professionalism in ways that are not primarily 'anti-professional' (Noordegraaf 2011, 1355).

This view is shared by Evans, who problematizes the assumed dichotomy from a different perspective, namely that of service managers (Evans 2016a). Critical of Lipsky's account, which emphasizes the conflict between the goals of service managers and street-level professionals, Evans shows how local managers are also not just implementers of policy, but occupy a complex terrain, navigating between frontline workers and higher-level managers. Because service managers often have a professional background, their perspective may often be closer to that of the frontline workers than to policy-makers. As they attempt to translate policy into professional practice, they may also seek to translate professional practice into policy (Evans 2016a, 8-9). In sum, professionalism does not necessarily preclude organizing capabilities, and being a manager does not necessarily preclude having professional sensibilities. Of course, dichotomies and conflicting perspectives may very well exist. Only we should not assume that this is the case, but leave the matter open to empirical investigation. These perspectives are important to keep in mind as we investigate professional and organizational knowledge mobilization practices in light of the evidence agenda.

2.4.4 Street-level organizations as contexts for knowledge mobilization practices

Lipsky's work, and the vast literature on street-level bureaucracy that has grown from it, offers many insights into the working conditions for professionals in public service organizations. These include the observation that street-level professionals are generally faced with overwhelming and often conflicting demands and a constant lack resources to meet them, and that finding ways to cope with these conditions is an integral part of the work. It also includes the observation that street-level professionals generally engage in satisficing as a mode of decision-making, and that their judgment is influenced by policy preferences, attitudes, emotional capabilities and social identities (their own as well as those of clients) and societal norms. The overlapping literature on public professionals offers equally important insights, emphasizing not only the role of professionalism as a value and ideal in public service delivery, but also the (changing) nature of professional work in the context of public organizations, and particularly the increasing intertwinement of professional and organizing capabilities, as demands for high-quality, efficient and cost-effective professional services increase.

Most of the street-level literature focuses on individual behavior (Foldy and Buckley 2010). This is not surprising, given the sub-title of Lipsky's book: "*Dilemmas of the individual in public services*". As noted by Hupe, Hill and Buffat, Lipsky indeed describes his work as "*a search for the place of the individual in those services I call street-level bureaucracies*" (Hupe, Hill, and Buffat 2016a, 3). Consequently, the scale of organizations has received relatively little attention (Hupe, Hill, and Buffat 2016a, 13), as has the level of teams or workgroups (Foldy and Buckley 2010), though there are of course also important contributions in this regard. Hupe, Hill and Buffat specifically mention Foldy and Buckley's work on team learning and Riccucci's work on management as studies that take a different approach. Still, it can be argued that more attention could be directed towards understanding how *organizational* processes and practices influence discretion.

Focusing on street-level organizations includes investigating how they are affected by their embeddedness in the broader political economy and society and "*the relationship of street-level practices to social and political forces ostensibly at work outside these organizations.*" (Brodkin 2011, 200). The goal, according to Brodtkin, is to expose the informal practices, through which policies are implicitly but effectively negotiated, and bring these practices to the fore for analytical scrutiny, reflection and learning. The research presented here follows this line of reasoning, as I approach the evidence agenda as one among other "*social and political forces*" that is likely to influence practice at the street-level (Brodtkin 2011). In applying ethnographic methods to study the everyday life in street-level organizations, I follow a perhaps less dominant but increasingly influential strand of research in the street-level literature (e.g. Dubois 2010; Maynard-Moody and Musheno 2009; Sandfort 2000; Brodtkin 2017, 2011a), and, as is also common in the street-level approach, seek to link scholarly work from related fields – such as the literatures on evidence-based practice, research utilization and professionalism – that tend to stand on their own (Brodtkin 2011b).

2.5 Conclusions

The discussion of different models of evidence-based practice above served to illustrate why the debate around evidence-based practice is often characterized by conflict as well as confusion, as it is often unclear what exactly is meant by the term 'evidence-based practice'. I argued that these different models, and the understandings and perspectives that underpin them, are important to explicate, because they have different implications for practice. This includes perspectives on what counts as valid sources of professional knowledge, how this knowledge can and should influence practice, and by whom (and on which hierarchical level) decisions regarding these matters should be made. Yet, while evidence-based practice has been heavily discussed, endorsed or criticized *in principle*, limited efforts have been made to develop under-

standings of the ways in which research-based knowledge is brought to bear on professional decision-making *in practice*. In particular, there is a lack of studies which are both theoretically sophisticated *and* empirically grounded. There is a need for theoretical developments which recognize several forms of knowledge and attempt to develop more sophisticated understandings of how they are interweaved in practice, if we are to investigate this further. The extant literature also suggests that further theoretical development needs to recognize collective and organizational aspects of knowledge mobilization practices.

In addition to this, I showed how the debate about evidence-based practice is also a debate about the professional status of social workers. The increasingly overlapping literatures on street-level bureaucracy and the sociology of professions both emphasize discretion as a fundamental and defining characteristic of the work of frontline professionals in street-level organizations, but they also point to the fact that public professionals are faced with multiple legitimate accountabilities. The discussion pointed to the need to supplement the street-level perspective with more nuanced understandings of what it means to be professional, and to exercise *professional* judgment, as these issues are at the heart of debates about evidence-based practice. Conceptualizing social workers as *street-level professionals* acknowledges both the street-level conditions of child protective services *and* the potential role of professionalism as equally important aspects to take into consideration in relation to knowledge mobilization practices.

Importantly, street-level organizations and professional work are both dynamic phenomena and must be contextualized accordingly. Street-level professional and organizational practices must be viewed in light of the broader institutional and societal relations of which they are part, and the political forces by which they are influenced (Brodin 2011). Likewise, as an empirical phenomenon, the idea of evidence-based practice must be considered in light of recurrent debates concerning the status of professional expertise and the role of discretion in the delivery of public services. It is not merely a rational model for decision-making, or a centralized approach to making decisions on which programs and guidelines to implement; it is a value-laden ideal and political force which influences, and is influenced, by encounters with messy real-world practices, and whose implications for professional and organizational practices cannot be assumed *a priori*.

What is at stake in debates over evidence-based practice, and professional and organizational attempts to deal with this ideal, is essentially the question of what is recognized as legitimate professional practice, by politicians, managers, clients, the public and professionals themselves, with regards to the forms and sources of knowledge that professionals are expected to mobilize as to inform decision-making. And further: To the extent that extant practices are recognized by external stakeholders and/or by professionals themselves as being unsatisfactory, and hence

pose a threat to the legitimacy of professional practice, how should they be changed, and who gets to decide?

In sum, I argue that the evidence agenda is an important political force currently at work in street-level organizations, which must be taken into account when addressing the issue of knowledge and decision-making in street-level professional practice. I draw on insights from the literature on knowledge mobilization to get a better understanding of the processes by which research-based knowledge can be expected to inform professional decision-making, and I draw on the literature on street-level professionals and public professionalism to situate these knowledge mobilization and decision-making practices in a broader organizational and political context. Still, it is clear from this overview of the relevant literature that there is a need for further theoretical development, before we can engage these questions further. This is the topic for the next chapter.

3. Conceptual framework

3.1 Introduction

The aim of this chapter is to develop a conceptual framework (Maxwell 2013) for my empirical investigation of street-level decision-making and knowledge mobilization practices. The chapter introduces theoretical ideas and concepts from different fields of research which, I argue, are reasonably compatible, and can all be viewed as part of the broader *practice turn* in social theory (Schatzki, Knorr-Cetina, and Savigny 2001). I begin by anchoring my approach in the practice-based ontology developed by Schatzki (2002, 2005, 2006), which serves to ground the different theoretical lenses in a common practice-based perspective on the social world. I then discuss each of them in turn, focusing on selected *sensitizing concepts* (Bowen 2006) which have informed my fieldwork and helped me to develop a greater sensitivity towards the empirical material. Notably, the conceptual framework presented here has co-evolved alongside my fieldwork. It is the result of an abductive and iterative process (Schwartz-Shea and Yanow 2012), reflecting my ambition to conceptualize what I was observing, as opposed to observing what I had already conceptualized.

The first theoretical lens revolves around *the exercise of professional judgment* and the different types of knowledge that informs it. Here, I draw on theory regarding professional knowledge and expertise (Dreyfus and Dreyfus 2005; Molander and Grimen 2010; Schön 1983), organizational knowledge (Smith and Sadler-Smith 2006; Tsoukas and Vladimirou 2010) and philosophy of knowledge (Fantl 2017). I argue that, to study the exercise of professional judgment in organizational contexts, we need to appreciate its situated and performative nature and develop a sensitivity towards several types of knowledge: propositional, procedural and personal knowledge.

The second lens focuses on the role of the organizational context in relation to mobilizing knowledge and exercising judgment or, perhaps more tellingly, on the organizational life of knowledge. It revolves around two central concepts: *communities of practice* and *organizational routines*. The concept of communities of practice stems from social learning theory (Lave and Wenger 1991) and has had an important impact in the literature on professional and organizational knowledge and learning along with practice-based approaches in general (Brown and Duguid 1991, 2001; Easterby-Smith, Crossan, and Nicolini 2000; Easterby-Smith and Lyles 2011; Nicolini 2013). The importance of organizational routines in shaping the exercise of professional judgment emerged on the basis of my fieldwork. I draw on practice-based theorizing that conceptualizes organizational routines as embodying a duality of structure and agency (Feldman and Pentland 2003).

The last of the theoretical lenses introduces the notion of the *organizational field* from sociological institutional theory (DiMaggio and Powell 1983; Wooten and Hoffman 2016) and revolves around the concept of *theorization* as a way to conceptualize debates and negotiations over professional and organizational practices among field-level organizational actors. Towards the end of the chapter, I present a conceptual framework, which allows me to both ‘zoom in’ (Nicolini 2009, 2013) on local street-level decision-making and knowledge mobilization practices and ‘zoom out’ to trace how these practices reflect, and are intertwined with, concurrent debates in the organizational field.

3.2 A practice-based ontology

To provide a common ontological foundation for the conceptual framework, I draw on Schatzki’s *site ontology* of the social world (Schatzki 2002), which has been recognized as valuable to organization studies (Miettinen, Samra-Fredericks, and Yanow 2009; see also Schatzki 2005, 2006). Schatzki conceptualizes the ‘site of the social’ as composed of bundles or *nexus*es of *practices*, i.e. organized human activities, and *material arrangements*, through which social life transpires. The actions (doings and sayings) that compose a practice are organized by three phenomena: *general understandings* (of what is acceptable or not acceptable), *practical understandings* (knowing how to do things), *rules* (explicit formulations, requirements, instructions), and *teleo-affective structure* (an array of normativized and hierarchically ordered ends, project, tasks, ways of using things, emotions and moods that are acceptable or prescribed for participants in the practice)¹¹ (Schatzki 2002, 79pp, 2005, 471pp). The normativity that characterizes a practice’s teleoaffective structure shapes (but does not govern) what it makes sense for people to do by way of example, instruction and sanction. Schatzki also sometimes includes *practical understandings*, i.e. “complexes of know-how regarding the actions constituting the practice” in the phenomena that organize practices (Schatzki 2006, 1864).

Schatzki has suggested that his concept of general understandings is akin to the concept of institutions in organizational theory.¹² I would argue that all of Schatzki’s “organizing phenomena” relate to different notions of institutions: The concept of rules relates to what Scott labels the ‘regulative pillar’, while the concept of teleoaffective structures relates to Scott’s ‘normative pillar’ and March and Simon’s logic of appropriateness (Scott 2014). Importantly, both general understandings and teleoaffective structures apply to specific practices. Moreover, they are

11 Imagine for example the differences between acceptable emotions for participants in the practice of child protection versus medicine, or for a more extreme comparison: the practice of parenting versus the practice of guerilla warfare.

12 This suggestion was made by Schatzki during a panel discussion at the 9th International Process Organization Studies Symposium (PROS), Kos, 22-24 June 2016, with the general theme “Institutions and Organizations: A Process View”.

properties of these practices, not of the people who perform them, which means that they are unevenly incorporated into the minds and actions of different participants. For example, individual child protection workers might have different opinions about the acceptable levels of emotional engagement in a case, but child protection practice as such is characterized by a certain normative and ethical perspective on the matter, which leaves only so much room for individual variation. Equally, individual professionals may have different preferences for and ways of engaging with different sources of knowledge, such as research articles, but child protection practice is supposedly still characteristically different from for example medical practice in this regard.

To say that actions carried out as part of specific practice, for example child protective work, are organized by these phenomena is to say that 1) these actions will express the same understandings, 2) they will observe, contravene or ignore the same rules, and 3) they will pursue ends and projects included in the same structure of acceptable and enjoined purposes (Schatzki 2002, 2005). What defines a practice is the way in which particular elements are *linked together* in a particular way in particular types of situations. A practice can be repeated over and over, always in a slightly different way, but still recognizable as a practice. In this sense, practices are different from ‘actions’ or ‘behavior’. A way of illustrating the nature of practices is Geertz’ example of playing the violin¹³:

To play the violin ... it is necessary to possess certain habits, skills, knowledge, and talent, to be in the mood to play, and (as the old joke goes) to have a violin. But violin playing is neither the habits, skills, knowledge, and so on, nor the mood, nor the violin. (Geertz 1973, 12)

A final important point is the idea that activity is ordered by practices (and their features) and by material arrangements, i.e. assemblages of material objects such as artifacts, organisms and things, amid which practices transpire. While practices *happen*, material arrangements *exist*, but may be taken up in and support the performance of practices (Schatzki 2006, 1865): It is first and foremost people that compose practices, as they carry out the activities that form practices. Yet, these activities can be enabled, altered or constrained by material arrangements including meeting rooms, coffee machines, courtyards and case filing systems, as well as phenomena of nature and biology such as rain, mountains, heat waves or heart attacks.

13 I thank Silvia Gherardi for pointing to this illuminating example and quote.

3.2.1 A practice-based perspective on organizations

A practice-based ontology views organizations as bundles of practices and material arrangements. In organizational theory, practices are often defined in terms of work, for example as *“the coordinated activities of individuals and groups in doing their “real work” as it is informed by a particular organizational or group context.”* (Cook and Brown 1999, 387). In their seminal paper on the connections between working, learning and innovation, Brown and Duguid (1991) distinguish between the espoused or canonical practices of an organization, i.e. the abstract formal descriptions found in training programs, manuals, and strategy documents, and the *actual* practices of its members, including non-canonical practices such as ‘workarounds’. Drawing on concepts from Bourdieu (1977), they argue that canonical practices are characterized by *opus operatum*, i.e. the finished view, which tends to see action in terms of the task alone. In contrast, the *modus operandi* of actual practices, i.e. the way a task unfolds over time, includes unresolved options and dilemmas and *“the way in which the process of doing the task is structured by the constantly changing conditions of work and the world.”* (Brown and Duguid 1991, 41).

Brown and Duguid argue that capturing the complicated routes that practitioners take to accomplish their tasks is essential to understanding how work gets done, and to appreciate the fact that actual working conditions may require quite different strategies from practitioners than the accounts found in their formal job descriptions (to which they are held accountable). This is in line with another implication of a practice-based perspective, namely that it calls on us to study organizations *“as they happen”*, i.e. to focus on the carrying out of an organization’s constituent practices in *“real time”* (Schatzki 2006, 1864). This idea is also found in the notion of *“organizational becoming”*, which views ongoing change as constitutive of organizational realities (Tsoukas and Chia 2002).

One of the main consequences of approaching the issue of knowledge mobilization and decision-making in street-level professional practice from a practice-based perspective is that it situates these processes in the organizational context rather than in the minds of the individuals (Brandi and Elkjaer 2011, 36). While many practice-focused scholars with an interest in knowledge are critical of traditional ‘Cartesian’ views of knowledge as something that *“resides inside the human mind ready to be used whenever needed”* (Brandi and Elkjaer 2011, 36; see also e.g. Gherardi 2000; Greenhalgh and Wieringa 2011), taking practices as the main unit of analysis does not, in my opinion, entail that what goes on in the minds of individuals, and what knowledge they possess, is unimportant. Rather, it is a way of emphasizing that the practices in which individuals engage play an equally important role with regards to knowledge mobilization, decision-making and the exercise of professional judgment in organizational contexts.

3.3 Unpacking professional judgment

As discussed in Chapter 2, professionals are generally characterized by their possession of abstract knowledge (e.g. Abbott 1988, 8, 318). The possession of specialized knowledge forms the basis for professionals' claim to autonomy and discretion in their work, as they apply this knowledge to particular cases. In the street-level literature, discretion is generally approached as a structural phenomenon or *juridical category*, i.e. an area for decision-making or, in the words of Molander and Grimen, "*a space left open by an authority*". But, as Molander and Grimen and others argue, from a professional perspective, discretion is perhaps more appropriately conceptualized as a mode of reasoning, i.e. as an *epistemic category* (Molander and Grimen 2010, 171; see also Harrits and Møller 2014). To avoid confusion, I will refer to this latter notion of discretion as the *exercise of professional judgment*. In this section, I will present some reflections on how we can understand and conceptualize professional judgment and the different types of knowledge that it involves.

3.3.1 Professional judgment: performing professional knowledge

First, as I have already touched upon in the discussion in Chapter 2, to exercise professional judgment involves assessing the relevance of abstract knowledge to a specific case. This means that any kind of abstract knowledge, regardless of how it has come about (e.g. by this or that research design or other forms of inquiry), must be considered in relation to the specific situation at hand. This requires a certain capability, which we often refer to as *professional expertise* or *practical reasoning*, and which is different from scientific reasoning or technical rationality (Schön 1983; see also Schwandt 2005). The difference between the two is often conceptualized as being a matter of different forms of knowledge, but it is perhaps more helpful to think about it as a matter of different *objectives*: namely knowing something about one specific case that enables action, versus knowing something about a population of cases, which may or may not be relevant to the specific case at hand (Posborg Michelsen 2014, 30pp).

In his classic book on "*how professional think in action*", Schön argues that a large part of professional practice, and hence the exercise of professional judgment, is actually about problem-setting: Problems rarely present themselves as obvious, and so professionals need to construct them as problems or *cases*. This includes labeling relevant (f)actors, framing the context and deciding on appropriate goals. This is not an instrumental task of matching ends and means, but rather a task to make sense in an uncertain situation (Schön 1983, 39pp). A case is always a part or an aspect of a contextual whole; what Dewey refers to as a "*situation*" (Dewey 1938, 66–67). Through problem-setting, professionals transform an indeterminate situation into a more manageable whole in the shape of a problem, which allows professionals to act. As Dewey notes:

Without a problem, there is blind groping in the dark. The way in which the problem is conceived decides what specific suggestions are entertained and which are dismissed; what data are selected and which rejected; it is the criterion for relevancy and irrelevancy of hypotheses and conceptual structures. (Dewey 1938, 112).

Exercising professional judgment hinges on how professionals conceive the problem and make sense of the situation. This process involves making sense of often “*bountiful conflicting and confusing data*” (Brown and Duguid 1991, 46) to arrive at a *diagnosis* (Abbott 1988). In this way, professional judgment, and hence professional decision-making, is perhaps more adequately conceptualized as sensemaking (Weick 1995). As noted by Weick and colleagues, sensemaking is closely related to action:

Sensemaking is about the interplay of action and interpretation rather than the influence of evaluation on choice. When action is the central focus, interpretation, not choice, is the core phenomenon (Weick, Sutcliffe, and Obstfeld 2005, 409)

We can examine the idea of the relation between professional judgment and the capability for action in more depth by considering Tsoukas and Vladimirou’s definition of knowledge as the “*individual capability to draw distinctions, within a domain of action, based on an appreciation of context or theory, or both*” (Tsoukas and Vladimirou 2010, 973). Tsoukas and Vladimirou develop this definition to say something about the nature of organizational knowledge, but I find it useful in regard to professional knowledge as well. Let us take a closer look at its elements: First, to be able to *draw distinctions* means being able to separate different cases of the same phenomena based on ever-finer details. The refined language and categories used to do this are developed within a domain of action. Examples include example flute making (Cook and Yanow 1993), copy machine repairing (Orr 1996) or medical practice (Greenhalgh 2010). Wine tasting is another illustrative example of a domain of action in which some people train to become capable of drawing ever finer distinctions, using refined specialized language and categories to describe subtle differences in taste that often go unnoticed by others.

Second, an *appreciation of theory* refers to the capability to choose and apply generalizing principles, abstract instructions, rules or frameworks, i.e. abstract knowledge, to specific situations. This is similar to the notion of professional expertise above. Tsoukas and Vladimirou suggest that, if sources of theory are continuously used, they become instrumentalized, which means that they reside into subsidiary awareness as tools that it does not require any particular effort to mobilize, thus allowing practitioners “*to reach ever higher levels of skillful achievement*” (Tsoukas and Vladimirou 2010, 983). Third, developing an *appreciation of context* is tied up with the process of socialization in which individuals develop a tacit awareness of the normative expectations regarding their actions, for example within a given organizational context. The

process of socialization can be connected to Dreyfus and Dreyfus' classic model of skill development as a process in which a practitioner moves through several stages, from novice to advanced beginner to competent to proficient, and finally becomes an expert who acts intuitively on the basis of a deep understanding of the situation (Dreyfus and Dreyfus 2005; see also Smith and Sadler-Smith 2006).

It follows from this understanding that professional knowledge has a distinct *performative* element: The possession of abstract knowledge alone does not make a professional. To be accomplished in a profession is necessarily tied up with practicing it, and practicing a profession entails not only the competent application of abstract knowledge to specific cases but also the competent enactment of artifacts, routines, and rules in this process (Cook and Brown 1999, 387). This points to an understanding of the exercise of professional judgment as the ability to choose skillfully among different possibilities of action in a given situation, taking multiple sources of relevant abstract knowledge into consideration (e.g. research-based knowledge and theory as well as instructions, rules and regulations), along with the normative expectations that characterize the particular context and bear on the case at hand. It is a form of 'knowing in practice' (Orlikowski 2002).

This understanding bears some similarity to Gabbay and Le May's concept of mindlines that I discussed in Chapter 2. Importantly, Gabbay and Le May (2004, 2011) stress that mindlines are performative, not substantive, in nature. Different types of knowledge are not merely something one either possesses or does not possess; it is something that must be internalized and practiced and is necessarily transformed in the process (Gabbay and Le May 2011, 199). The concept of mindlines also places special emphasis on the importance of context. Comparing their work to Schön's theory of the reflective practitioner, and his use of the concepts *reflection-in-action* and *reflection-on-action* to describe the reflective processes involved in professional practice (Schön 1983), Gabbay and Le May suggest the term *knowledge-in-action-in-context*.

Further, Gabbay and Le May emphasize that mindlines are the product of socialization. Mindlines therefore constitute "*bounded areas of acceptable practice*" with regard to both the knowledge and the values that the individual practitioner brings to bear on every decision they make. As such, they are continuously checked and, if necessary, revised through the indirect and implicit sharing and discussion with colleagues. In this sense, mindlines are both individual, because they are internalized, and collective, because they are shared, maintained and developed within *communities of practice* (I will return to this concept below) (Gabbay and Le May 2011, 44–45). This understanding of knowledge matches well with Tsoukas and Vladimirou's definition.

3.3.2 Forms and types of knowledge

It is common in the literature on professional and organizational knowledge to distinguish between tacit and explicit forms of knowledge. *Explicit knowledge* is knowledge which can be codified and shared; it is what most people think about when they think about ‘knowledge’ without thinking too much. The notion of *tacit knowledge* stems from Polanyi, who coined the famous phrase that “*we know more than we can tell*” (Polanyi 1966). Tacit knowledge is knowledge possessed by individuals which is difficult, if not impossible, to verbalize. It is knowledge that is needed to *do* something, whose lack cannot be compensated for by an increase in explicit knowledge. For instance, riding a bicycle, knowing exactly how to manipulate the printer to avoid a paper jam, or correctly diagnosing a case of measles requires tacit knowledge.

The relationship between tacit and explicit knowledge is contested. While Nonaka and colleagues argue that tacit knowledge can be converted into explicit knowledge¹⁴, Cook and Brown (1999) argue that the two are distinct forms of knowledge, each doing work that the other one cannot, and Tsoukas and Vladimirou (2010) argue that *all* knowledge has a tacit and inherently personal dimension; hence tacit and explicit knowledge is perhaps better viewed as two sides of the same coin (Tsoukas 2011). Despite these differences, it is generally agreed that, while explicit knowledge can be used as an aid in acquiring tacit knowledge, tacit knowledge can only be acquired through practice.¹⁵ Moreover, tacit knowledge is generally viewed as a prerequisite to making explicit knowledge relevant and exchangeable. As stated by Nonaka and colleagues: “*Explicit knowledge without tacit insight quickly loses its meaning*” (Nonaka, Toyama, and Konno 2000, 8).

While the distinction between explicit and tacit forms of knowledge is important to keep in mind, I argue that we also need to consider another distinction, between different *types* of knowledge, to study knowledge mobilization in practice. The literature on professional work in different fields present many attempts to categorize knowledge in different ways; this is also the case in social work. Many of these categorizations revolve around different sources or purposes of knowledge. Based on an extensive review on types of knowledge in social work, Pawson and colleagues argue that it is most useful to apply a source-based categorization and propose to distinguish between organizational knowledge, practitioner knowledge, policy community

14 In the dynamic theory of organizational knowledge creation developed by Nonaka and Takeuchi (1995), the process of organizational knowledge creation is envisioned as a continuous spiral movement between four types of transformations or *conversions* of tacit and explicit knowledge: Socialization, Externalization, Combination and Internalization (the SECI-framework).

15 Think for example about the term ‘learning by doing’ or the often-cited Chinese proverb: ‘Tell me and I will forget, show me and I will remember, involve me and I will understand.’

knowledge, research community knowledge and user and carer knowledge (Pawson et al. 2003). While this distinction has its merits, I found it unfit for the purpose at hand, especially in light of the practice-based performative perspective on knowledge outlined above (which entails that ‘practitioner knowledge’ may comprise knowledge from all of the other sources mentioned by Pawson and colleagues).

Instead, I draw on a classic and fundamental distinction in the philosophy of knowledge between propositional, procedural and personal knowledge, which I found helpful in making sense of what I was observing in practice with regards to knowledge mobilization. The first type, *propositional knowledge*, is also referred to as knowing-that or declarative knowledge. It is “*the kind of knowledge you have when it is truly said of you that you know that some fact is true*” (Fantl 2017). This type of knowledge is often equated with explicit knowledge. But, following the reflections above, I would argue that such knowledge can have both explicit and tacit aspects: You may know for a fact and be able to verbalize that the sky is blue, but there is also a tacit aspect to this knowledge, which lies in the difficulty of verbalizing how you know that the sky is blue. All of the categories listed above are potential sources of propositional knowledge (or ‘theory’).

Procedural knowledge is also referred to as knowing-how or dispositional knowledge and is akin to Schatzki’s notion of practical understandings (cf. above). It is “*the kind of knowledge you have when it is truly said of you that you know how to do something*” (Fantl 2017). This type of knowledge is often equated with tacit knowledge. Again, I argue that knowing how to do something has both tacit and explicit aspects: As noted above, riding a bicycle implies tacit knowledge, but if you really try, you can probably tell someone a great deal about what it takes, how it feels and so on, and to do it in a way that makes it easier for them to *imagine* what it must be like. In other words, you will most likely be able to verbalize and make explicit *some* aspects of your procedural knowledge, by referring to familiar experiences and by using for example body language and facial expressions. Similarly, as discussed above, the ability to exercise professional knowledge is the ability to apply abstract knowledge to specific cases while taking the context into consideration. While experienced professionals (experts) will do so in an intuitive manner, professionals are also often expected, and able, to engage in processes of reasoning and deliberation as they reflect upon a situation alone or with others. This requires the ability to verbalize procedural knowledge and practical reasoning (Dreyfus and Dreyfus 2005; Schön 1983).

Finally, *personal knowledge* is “*the kind of knowledge you have when it is truly said of you that you know a person*” – or a song or a book or a *case* (Fantl 2017). Knowing someone implies that you have at least met them in person, knowing a song requires that you have listened to it,

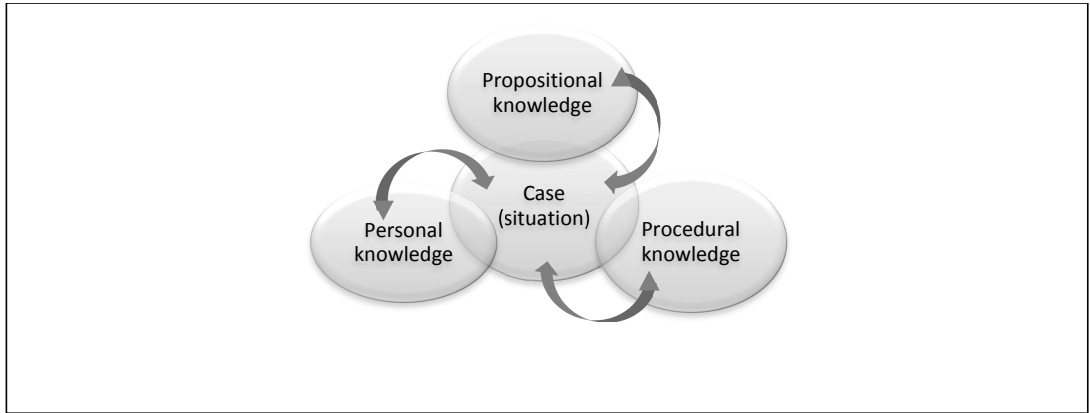
and knowing a book requires that you have read it. Personal knowledge is rarely considered in the literature on professional or organizational knowledge and learning. Yet, as we shall see in the empirical analysis in Chapters 7 and 8, this type of knowledge is pertinent to professional work, as it relates to the professionals' knowledge of particular cases and, specifically, the citizens involved. Once again, to know a person or a book or a song, or a particular patient or citizen, has a strong tacit aspect; yet there are also aspects of this type of knowledge which may be verbalized and communicated to others, to enable them to form an impression.

In sum, I argue that propositional, procedural and personal knowledge are all important types of knowledge to consider with regards to professional judgment and knowledge mobilization. All these types of knowledge have explicit and tacit components, which first and foremost relate to the possibilities of communicating and sharing this knowledge among participants in a practice. Drawing on the arguments put forward here as well as in the previous chapter, I argue that, to understand how these different types of knowledge are mobilized in professional work, we must approach them as *interweaved* with, not isolated from, each other. Further, we must seek to study knowledge as it is *performed*, as opposed to 'managed' or 'stored'.

A final point, which was developed in a highly influential article by Cook and Brown (1999) and is closely related to the performative perspective on knowledge outlined here, is the idea that, as practitioners 'perform' knowledge, this performance generates new knowledge: When riding a bicycle, the rider develops his (procedural and mostly tacit) knowledge with every performance, gradually learning more about how the riding is affected by for example different sorts of paving or different kinds of weather. Likewise, a medical student may possess a great deal of abstract propositional knowledge about measles. For every time she uses this knowledge as a tool to draw distinctions between similar-looking symptoms and diagnose a case of measles, her procedural knowledge increases: Every diagnosis is an enactment of knowledge possessed by the doctor, but at the same time, the act of diagnosing generates new knowledge. Likewise, a group of professionals discussing a difficult case, using the knowledge they possess as a group to make sense of the situation, will generate new knowledge about the situation as part of the process.

Figure 1 illustrates how the three different types of knowledge are mobilized in relation to a specific case (or before it is defined as a case: a situation), which in turn generates new knowledge.

Figure 1: Exercising professional judgment



3.4 The organizational life of knowledge

To conceptualize the role of the organizational context in relation to knowledge, I will now turn to the idea that organizations can be viewed as constituted by *communities of practice*, in which the competence to perform the practices in question is continuously defined and negotiated through the combination of three elements: joint enterprise, mutual engagement and a shared repertoire of communal resources (such as language, routines, sensibilities, artifacts, tools, and stories) (Brown and Duguid 1991; Wenger 2000). This is compatible with the understanding of organizations as bundles of practices and material arrangements that I introduced in the beginning of this chapter; it merely puts a label on those participants who engage in the same practice(s). Importantly, it is practice that makes communities, not communities that make practice. Hence, applying this perspective maintains the focus on the *practices* of relevant communities of practice, rather than the communities as such. In addition to communities of practice, this section also considers the role of *organizational routines* in relation to knowledge mobilization and decision-making practices.

3.4.1 Communities of practice

Communities of practice are often viewed as the main repositories and creators of knowledge in organizations. This notion originates from Lave and Wenger's highly influential work on situated learning and legitimate peripheral participation (Lave and Wenger 1991), and it has had a notable influence on ideas about knowledge and learning in organizational research (Brown and Duguid 1991, 2001; Easterby-Smith, Snell, and Gherardi 1998). As discussed above, the possession of specialized knowledge alone does not make a professional. Accordingly, newcomers to a profession need to learn how to make competent use of relevant categories and distinctions

within the given domain of action. Lave and Wenger conceptualize learning as a process in which newcomers move from the periphery towards the center of a community of practice and eventually become old-timers who are then able to show newcomers ‘the ropes’. Learning is not just a matter of acquiring relevant propositional knowledge, it is also very much to acquire procedural knowledge and not least an identity as an accomplished practitioner – or, as Brandi and Elkjaer phrase it, learning involves:

(...) to discover what is to be done, when and how to do what according to the specific organizational routines, as well as which specific artifacts to use where and how. Learning also involves being able to give a reasonable account of why things are done and of what sort of person one must be in order to be a skilled member of a specific organization. (Brandi and Elkjaer 2011, 29)

Brown and Duguid (1991, 2001) emphasize that many different communities of practice can exist in an organization, and that it is the practices in which they engage, rather than the organization as such, that provide participants with their particular kind of organizational identity. An organization can therefore be regarded as a “*community of communities of practice*” (Brown and Duguid 2001, 203), and organizational members will often share more aspects of their identity – i.e. their assumptions, outlooks, interpretations of the world around them, and ways of making sense of their encounters – with other members of their own community of practice, which may extend beyond formal organizational boundaries, than they will share with members of other communities of practice within their organization (e.g. caseworkers will share more aspects of their identity with caseworkers in other organizations than with managers, therapists or academic staff members in their own organization). This is in contrast to the notion of organizational culture, which conveys the idea that an organization can be viewed as one entity, and, according to Brown and Duguid, tends to “*overdetermine the contribution of often quite distant structures to groups of people with quite distinct practices*” (Brown and Duguid 2001, 201).

Cook and Browns notion of group knowledge presents an illustration of how communities of practice function as repositories of knowledge regarding that practice. As examples of explicit group knowledge within a community of practice, Cook and Brown (1999) mention *stories* and *metaphors*, whose meaning is clear to everyone within the group but make little sense to others. Empirical studies have shown how professional expertise is often converted into stories as a way of ‘storing’ this knowledge and make it available to other participants in the community of practice (e.g. Lave and Wenger 1991; Orr 1996). Additionally, Cook and Brown suggest the term *genre* to denote more tacit forms of group knowledge. In child protection, an example of a genre could be knowing the difference between what you can say when discussing a case with a colleague versus writing an assessment in the official case file. The case discussion and the case

file constitute two very different genres of communication. The distinction between them is not particular to one organization but is emphasized by professionals across different agencies; as such, it is an example of group knowledge possessed by members of a community of practice, which extends beyond organizational boundaries.

The crucial contribution of the community of practice-perspective in this context lies in Brown and Duguid's claim that "[k]nowledge, in short, runs on rails laid by practice." (Brown and Duguid 2001, 204). Different types of knowledge make sense in different ways in relation to specific practices. Even if relations among members of a wider community of practice are significantly looser than those within the local community, these extended epistemic "*networks of practice*" are capable of sharing a great deal of knowledge, while participants who belong to different communities of practice within a local organizational context will face greater challenges when seeking to share knowledge.

3.4.2 Organizational routines

Organizational routines are a central part of the organizational structure in that they are "*the primary means by which organizations accomplish much of what they do*" (Feldman and Pentland 2003, 94). They can be defined in a minimalistic manner as "*repetitive, recognizable patterns of interdependent actions, carried out by multiple actors*" (Feldman and Pentland 2003, 95). It follows from this definition that actions carried out by individual actors alone do not qualify as *organizational* routines. During my fieldwork, I came to realize the central role of organizational routines with regards to the exercise of professional judgment and the mobilization of knowledge in decision-making processes. Therefore, I include a practice-based understanding of organizational routines in my conceptual framework. Here, I will briefly outline the main characteristics of the practice-based understanding of organizational routines, which forms the basis for my analysis.

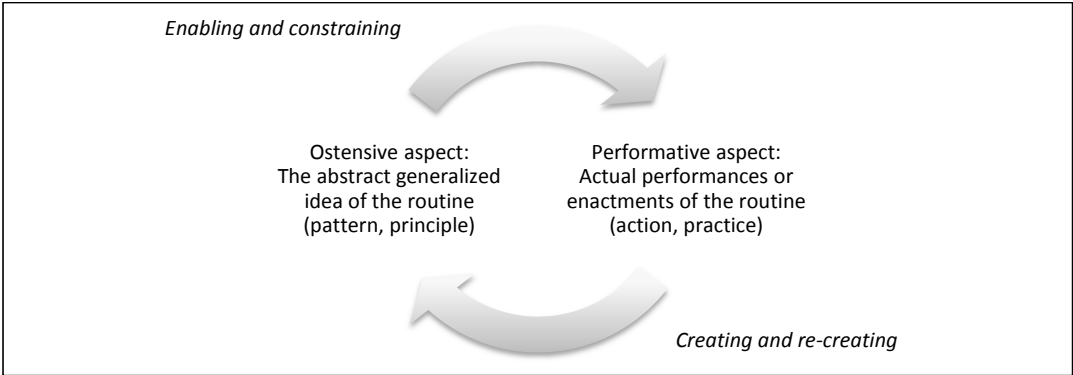
As discussed in detail by Feldman and Pentland (2003), organizational routines have a long history in organizational theory. They have been compared to performance programs (March and Simon 1958), scripts (Barley 1986), or the 'genetic material' of the organization (Nelson and Winter 1982). Organizational routines have traditionally been viewed as essentially functional; explained for example by the need to minimize costs, reduce complexity and promote cognitive efficiency, as reflecting responses to managerial goals or environmental pressure, or as ways to foster legitimacy through conforming to established norms of how things should be done (e.g. Meyer and Rowan 1977). From an organizational learning perspective, routines are often viewed as an important way of storing knowledge about how to accomplish tasks and hence function as a key aspect of organizational memory (Cyert and March 1963). Importantly,

routines are also a way of organizing expertise (Feldman and Pentland 2003, 94), and, I would argue, important venues for mobilizing knowledge. (I will return to this argument in Chapter 8).

Since the early 2000s, theoretical developments have challenged traditional conceptualizations of organizational routines as relatively stable and functional features and sought instead to develop an understanding of organizational routines grounded in a practice-based ontology (Feldman 2000; Feldman and Pentland 2003; Feldman et al. 2016; Howard-Grenville et al. 2016). From a practice-based perspective, organizational routines are not necessarily functional; they are simply ways to structure work (Feldman and Pentland 2003, 98). As such, they *may* promote cognitive efficiency and/or institutional legitimacy, but they are not defined by whether they do so or not. The aim is to move beyond conceptualizations of routines as ‘things’, seeing them instead as collective human activities (i.e. *practices*); an approach which brings forward the role of agency in relation to the structural aspects of routines. Instead of focusing primarily on the structural aspect of routines, practice-oriented routine scholars argue that we need to pay equal attention to performances of routines and view them not as ‘mindless habits’, as they are often portrayed, but as *effortful accomplishments* (Feldman et al. 2016).

Inspired by Giddens’ structuration theory (Giddens 1984), Feldman and Pentland (2003) conceptualize routines as embodying a duality of structure and agency in the form of a) the abstract idea or *ostensive aspect* of the routine and b) the actual performances or *performative aspect* of the routine – or, to emphasize the processual perspective even more, as involving actions of *patterning* and *performing* (Feldman 2016). Figure 2 illustrates the relationship between the ostensive and performative aspects of organizational routines.

Figure 2: Ostensive and performative aspects of organizational routines



Source: Adapted from Feldman and Pentland 2003

The ostensive aspect enables and constrains performances, as it allows participants to explain and make sense of what they are doing (to account for past actions) and serves as a template for guiding future actions. In other words, it serves as a “*ready-made justification*” or a form of retrospective sensemaking, which helps participants decide what to think about their actions (and potentially also which aspects of their behavior to report or conceal in order for this behavior to be perceived as part of the routine, and thereby as legitimate). The ostensive aspect of routines also allows participants to refer to, label and make sense of, the intricate details and overwhelming number of activities involved in daily practice, by directing their attention, privileging some activities over others and allowing them to take part in activities that they may not fully understand (Feldman and Pentland 2003, 105–6).

Since practice always involves an element of improvisation (Bourdieu 1977), it is impossible to specify specific performances of organizational routines in any sufficient detail. Contextual details must remain open for the routine to be carried out in practice. In specific enactments, actions or participants may be included or excluded, remembered, forgotten or disregarded, due to varying circumstances (e.g. the absence of participants, practical obstacles or urgent matters). Therefore, performances of the routine “*generate a constant stream of variations and exceptions as the performers accommodate and innovate*” (Feldman and Pentland 2003, 102). In this way, performing the routine creates, maintains and modifies the patterning of the routine (i.e. the ostensive aspect), though not necessarily in a functionally adaptive way. Hence, organizational routines encompass a capability for endogenous change: Instead of viewing organizational routines as stable structures, a practice-based approach emphasizes their inherently dynamic quality and views them as critical to organizational adaptability and flexibility, while stability is viewed as the result of continuous effortful accomplishments rather than the status quo.

As noted above, performing organizational routines is a collective endeavor. Hence, many actors can influence the process. Change in routines can be relatively easy or more difficult to achieve, depending on the perceptions, support and engagement of the multiple actors involved (Feldman and Pentland 2003, 114). For example, managers can exercise agency by choosing to introduce variations or select variations produced by others and incorporate them into the ostensive aspect of the routine. Sometimes non-managerial employees can do the same; this, however, depends on their power to legitimate or de-legitimate certain actions by referring to them as belonging to the routine or not – or, in the words of Feldman and Pentland, “*the power to turn exceptions into rules and thus, enact the organizations in ways they think appropriate.*” (Feldman and Pentland 2003, 110).

Moreover, since routines are part of complex tangled webs of interactions which often reach beyond the task at hand, and across organizational boundaries, their enactment may also be en-

abled or constrained due to outside influences, for example the introduction of new technologies, tools, rules or regulations. For example, Jarzabkowski and colleagues conceptualize *professional routines* as essentially supra-organizational routines, which not only reflect organizational tasks and goals but “*stretch across organizational boundaries because they are grounded in the expertise and knowledge of the profession*” (Jarzabkowski, Bednarek, and Spee 2016, 119). Likewise, routines may be grounded in policy and legal frameworks which also span organizational boundaries. To illustrate, the casework routine in child protective services is made up of several sub-routines which are shared across agencies. Some aspects of these sub-routines are regulated by legal frameworks and policies, while others are grounded in knowledge and expertise of the social work profession.

A final relevant perspective on organizational routines is their role in creating connections (Feldman and Rafaeli 2002). Connections are defined by Feldman and Rafeli as “*interactions between people that enable them to transfer information*”, either face-to-face or mediated through technologies (Feldman and Rafaeli 2002, 312). Feldman and Rafeli argue that organizational routines play an important role in establishing connections between people which provides participants with “*a link to, or a view of, other parts of the organization*”, and perhaps also other organizations or individuals in a network of collaboration (Feldman and Rafaeli 2002, 313). Such connections can potentially bring about shared understandings among participants about how a routine is accomplished, why it needs to be performed, and thus serve to maintain and develop participants’ ability to coordinate and adapt to varying circumstances.

As noted by Feldman and Rafaeli, this perspective is pertinent to the public sector, where the same sets of problems are often addressed by broad networks of individuals and groups who require the support of one another to accomplish their tasks. In our case, municipal caseworkers often need to tap into the experience and professional judgment of other professionals, such as school teachers or family nurses, when investigating a case. They also need to collaborate with external and/or internal service providers such as family therapists or psychologists. Sometimes the police or the hospital may be involved. Further, they need to make sure that they adhere to the law and that they are in control of expenses, and thus need to cooperate with managers and financial officers and perhaps legal experts. In sum, organizational routines play many important roles, which will be further elaborated in Chapter 8.

3.5 Zooming out: Theorizing practice change

So far, I have presented a range of sensitizing concepts to guide the identification and analysis of organizational and professional practices with regards to the exercise of professional judgment and the mobilization of knowledge and the role of the local organizational context in this

process. But, as already mentioned, practices are never performed in a vacuum. All practices, not least organizational and professional practices, are accountable to others than those directly involved in the ‘doings and sayings’ that constitute them. Consequently, as discussed by Schatzki (2002, 83), the question of which ends, projects, tasks, and even emotions are obligatory or acceptable in a practice is inherently open-ended: It is subject to discussion and contention and often also tied to the (changing) decrees of authorities. The normativity of a practice will change as society changes, innovations are developed, and as circumstances change. Schatzki continues:

(...) anyone in principle can participate in a discussion of the normative content of a practice (...) the outcomes of these discussions are indeterminate before their conclusion. They need not end in consensus, and can, in principle, always be reopened. (Schatzki 2002, 83)

Consequently, one must be mindful of the broader context and relations of which the observed phenomena is a part. As stated by Zilber: *“To understand what is going on within organizations, one needs to take into account the outside”* (Zilber 2014, 96). For street-level organizations, the organizational environment is a supplier of frequently changing rules, resources, regulations and normative pressures, which often have a direct bearing on organizational and professional practices. The practice of child protection is not only accountable to the professions which are involved in delivering this service, but also to other actors in the local and broader organizational and political context in which the practice is carried out. These include the state and its citizens, especially families in need of support and children in need of protection, and a broad range of stakeholders such as interest groups, consultancies, research communities, and other professional groups.

While the focus on the internal dynamics of routines presented by Feldman and colleagues has presented a way of opening up the ‘black box’ of everyday organizational practice, it is important not to get lost inside that box. We need to zoom out and take into account the broader context of those organizational and professional practices around which the analysis revolves. To repeat Brodtkin’s words, we must explore how street-level organizations are affected by their embeddedness in the broader political economy and society, to learn about *“the relationship of street-level practices to social and political forces ostensibly at work outside these organizations.”* (Brodtkin 2011, 200). Different stakeholders may have different ideas about how and why certain practices or certain organizational routines should be performed. As mentioned earlier, organizational routines are first and foremost ways of getting things done, but they can also present ways of increasing legitimacy (Meyer and Rowan 1977), just as changing routines may

serve to change organizational hierarchies or challenge professional jurisdictions (Abbott 1988; Barley 1986) (Greenhalgh 2008; Spillane 2012). As Strauss eloquently phrased it:

A point often missed when thinking about routines (and routine action too) is the symbolism buried in them. Why is it missed? Probably because of the very ordinariness, lack of excitement, even dullness associated with them. Yet let them be challenged and you cannot but notice annoyance, anger, indignation, and other signs of passion. At stake are statuses, interests, identities, and ideologically driven convictions. (Strauss 2008 (1993), 197)

Focusing on how heterogeneous and sometimes conflicting normative understandings and ideals are enacted through organizational routines provides a way of zooming out and situate organizational routines in relation to professional communities, dominant policy ideas or other aspects of the organizational and institutional environment – including, in this case, the idea of evidence-based practice and the debates and initiatives that resulted from this. Mediating between individuals and social structures, between organizations and their environment, communities of practice and organizational routines become venues for interpreting and make sense of policy goals, bureaucratic rules and regulations, tools of standardization and professional norms and expectations – all part of everyday life in street-level organizations, which influence and are reflected in participants' actions.

3.5.1 The organizational field

To conceptualize the embeddedness of street-level organizations in a broader institutional environment, I turn to sociological institutional theory and the concept of the organizational field (Wooten and Hoffman 2016). The organizational field was originally defined by Powell and DiMaggio as *“those organizations that, in the aggregate, constitute a recognized area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar services or products.”* (DiMaggio and Powell 1983, 148). Here, I draw on a more recent definition provided by Wooten and Hoffman, which emphasizes the processes rather than the organizational entities that constitute the field and is compatible with the practice-based perspective outlined above. Wooten and Hoffman conceptualize organizational fields as *“richly contextualized spaces where disparate organizations involve themselves with one another in an effort to develop collective understandings regarding matters that are consequential for organizational and field-level activities”* (Wooten and Hoffman 2016, n.a.).

It follows from this definition that organizational fields are constituted by heterogeneous organizational actors, who may disagree on goals as well as how activities should be carried out, due

to different beliefs and rationales (Nielsen, Mathiassen, and Newell 2014). For example, welfare professionals' normative understandings of which ends and means are inherent to their practice may differ from the understandings of policymakers or managers or other stakeholders. Following the reflections of Schatzki above, the continuous interactions between organizational actors in the organizational field can also be conceptualized as more or less conflict-ridden negotiations over what is acceptable or not in relation to a given practice. In this light, I argue that *conflicting understandings* are just as central to practices as shared understandings, and that conflicting understandings are a potentially productive force in terms of local or field-wide change.

3.5.2 Theorization

It is widely recognized in the scholarly literature that organizations and professionals or street-level bureaucrats may influence the diffusion and implementation of new policies, managerial ideas or innovations: Though they can rarely prevent change from happening altogether, they can significantly alter the intended processes and outcomes of initiatives that are expected to foster organizational and practice change (Lipsky 2010; Pressman and Wildavsky 1984; J. Sandfort and Moulton 2014; Strang and Meyer 1993; Tummers 2013). In order to ease the level of contestation, new ideas and practices may be presented in ways that do not raise too much resistance or controversy (Zilber 2008, 158). One way of doing this is to *theorize* new ideas in ways that instill them with pragmatic and moral legitimacy (Mena and Suddaby 2016; Nielsen, Mathiassen, and Newell 2014; Strang and Meyer 1993).

Strang and Meyer define theorization as “*the self-conscious development and specification of abstract categories and the formulations of patterns of cause and effect*”, which may range “*from simple concepts and typologies to highly abstract, complex and rich models*”. As such, it is “*a strategy for making sense of the world*”, which, according to Strang and Meyer, aids the diffusion of model practices (Strang and Meyer 1993, 492–93). It is mainly a discursive activity, where actors in an institutional field specify the nature of a given idea and develop normative and causal statements concerning its potentials. Greenwood et al. (2002) conceptualize theorization as an important, and somewhat overlooked, activity during the initial stages of an institutionalization process. In contrast, Nielsen et al. argue that theorization is “*an ongoing practice across different phases of institutionalization*” (Nielsen, Mathiassen, and Newell 2014, 180), which involves sense-making and interpretation as well as persuasion and negotiation.

Recent empirical studies have used Strang and Meyers work to show how theorization entails justification of the new idea, through the identification of an *organizational failure* to which the idea is a solution; this is the basis for creating *pragmatic legitimacy*. Further, the idea needs to

be adapted to prevailing normative prescriptions in the field, i.e. the normative standards of various professional groups or society in general, in order to gain *moral legitimacy* (Greenwood, Suddaby, and Hinings 2002; Nielsen, Mathiassen, and Newell 2014). Theorizing can also be viewed as attempts to create an *organizing vision* (Nielsen, Mathiassen, and Newell 2014; Swanson and Ramiller 1997) to direct the collective efforts of heterogeneous actors in the field. In their recent contribution, Mena and Suddaby emphasize that theorization encompasses both the *practices* and the *roles* of other actors:

Theorization refers to the process whereby institutional roles and practices are abstracted into comprehensive and compelling theoretical models that foster institutional change and the subsequent diffusion of those roles and practices. (Mena and Suddaby 2016, 1670).

However, theorization processes may not always lead to uniting organizing visions, and may not necessarily foster institutional change, as Mena and Suddaby's definition indicates. Strang and Meyer emphasize that the diffusion of theoretical models requires support from a range of actors to make "*the transition from theoretical formulation to social movement to institutionalized imperative.*" (Strang and Meyer 1993, 495). Other organizational actors in the field may engage in theorization themselves, and the attempts of one group of actors to theorize new roles and practice may be challenged by others via *counter-theorizations*. For example, professional associations may challenge the models promoted by other organizational actors, if they challenge professional status and jurisdictions, and offer alternative theorizations. Finally, it is also important to recognize that "[t]he very ability to theorize (...) is political in nature" (Zilber 2008, 158). Not all actors have equal access to the stage where institutional dramas unfold.

3.5.3 Recursive intertwinement: theorizing ideas across organizational arenas

The acknowledgement that local organizations and practitioners are not merely passive adopters and implementers of new policies or innovations have led many scholars to follow Latour (1986) in challenging the concept of *diffusion* and point instead to *translation* as a more appropriate conceptualization of the processes by which new ideas or innovations may come to influence roles and practices (e.g. Czarniawska and Sevón 1996; Gherardi and Nicolini 2000; Røvik 2007, 2016; Sahlin and Wedlin 2008; Waeraas and Nielsen 2016). In the so-called Scandinavian Institutionalism, the concept of translation is connected to the metaphor of 'ideas that travel' (Czarniawska and Joerges 1996). The central argument here is that an idea (i.e. a concept, method, model or some other form of linguistic or material object) does not remain unchanged on its journey through time and space: It is modified, 'edited' and perhaps radically transformed, as various actors interpret it according to their problem understandings and needs.

In this light, Nielsen and colleagues suggest that theorization and translation are complementary processes, and that it is mistaken to think of theorization as something that occurs at the field-level and is then translated in an adopting organization. Local organizations are active participants in the organizational field who may engage in theorization as much as other actors in the field, and often do so based on their translation practices and practical experiences with the proposed changes to roles and practices embedded in prior theorizations (Nielsen, Mathiassen, and Newell 2014, 180).

Still, studies of theorization and translation often employ a unidirectional approach, focusing on the journey of policies or innovations or managerial ideas from the ‘source’ to the receiving context, i.e. from field to organization or from policymakers or managers to practitioners (Wooten and Hoffman 2016). However, it is increasingly recognized in the institutional literature that these processes are often neither linear nor unidirectional. Recent empirical studies have demonstrated how practice-change on the local level can drive institutional change in the field (Smets, Morris, and Greenwood 2012), or explored the institutional work of managers in shaping public sector reforms (Cloutier et al. 2016). As Nielsen and colleagues point out, it may be precisely the *recursive intertwining* of theorization and translation, and the interaction between local and field-level processes, that proves decisive for how institutional change unfolds over time (Nielsen, Mathiassen, and Newell 2014).

In line with this, Røvik (2007) suggests that translation – and, I would add, theorization – processes are likely to be “spiral-like” in nature. He highlights the role of conferences as *development arenas*, where practitioners present and exchange new ideas, which they bring back and translate in their local organizational contexts. Successful¹⁶ translations will typically be presented and discussed at later conferences and similar arenas in a recursive process. Local theorizations and translations may thus come to influence field-level theorizations and hence the direction of change. Further, local ‘translators’ may be in a position to initiate practice change from the top-down, but they might also represent a specific community of practice within an organization, which then becomes a ‘hub’ from where translation processes extend to other communities of practice within the organization, or – perhaps more easily – to other members of the same community of practice, which, as described above, may extend beyond formal organizational boundaries (Brown and Duguid 2001).

In sum, processes of institutional change play out in local organizational contexts as well as the organizational field and, importantly, across these levels – or, to use a more appropriate term

¹⁶ Røvik’s theory has a normative element, as he seeks to develop rules for what makes a translation process successful. Successful translations lead to the desired practice change and steers free of de-coupling and unintended consequences.

from a practice-based perspective: within and across these different *arenas* of organizational life – and encompass processes of interpretation, sense-making and negotiations among organizational actors regarding organizational and/or field-level activities. The concept of theorization can help us grasp important aspects of these processes.

3.6 Conceptual framework and arenas of inquiry

Table 4 presents an overview of the concepts that I include in my conceptual framework.

Table 4: Overview of analytical concepts and arenas of inquiry

Arena of inquiry	Analytical concept	Definition/dimensions
Organizational field	Theorization	A process whereby institutional roles and practices are abstracted into comprehensive and compelling theoretical models <i>in attempts</i> foster or counter institutional change; entails the identification of an organizational failure to establish pragmatic legitimacy and adaptation to normative standards to establish moral legitimacy
Street-level organizations	Communities of practice	Groups of practitioners characterized by joint enterprise, mutual engagement and a shared repertoire of communal resources, such as language, tools, routines, sensibilities, artifacts and stories
	Organizational routines	Repetitive, recognizable patterns of interdependent actions, carried out by multiple actors within or across organizational boundaries
	Knowledge mobilization	Practices through which different types of knowledge are brought to bear on a situation
	Types of knowledge	Propositional knowledge (justified true beliefs, knowing-that), procedural knowledge (knowing-how) and personal knowledge (knowledge by acquaintance), all have explicit and tacit components

Building on these concepts, Figure 3 is an attempt to illustrate how I conceptualize the relations between professional practices, street-level organizations and the organizational field. The framework illustrates that professionals draw on different types of knowledge when exercising professional judgment. It also shows that knowledge mobilization and decision-making practices are performed within the context of street-level organizations and therefore shaped by the organizational routines and communities of practice that exist within (and potentially stretch beyond) the organization. Finally, it shows that street-level organizations are embedded in the organizational field, where heterogeneous organizational actors may seek to theorize the roles and practices of other actors, including roles and practices regarding knowledge mobilization and decision-making. Importantly, street-level organizations and professionals are also organizational actors in the field, and so the interaction is multi-directional. Changes to local organizational and professional practices may both reflect and drive processes of institutional change in the field. Instead of conceptualizing local organizations and the field as different “levels” of analysis, I conceptualize them as different arenas of inquiry.

Figure 3: Conceptual framework



Compared to the debates over evidence-based practice outlined in Chapter 2, this framework shifts the perspective from questions about the sources and quality of the knowledge that is mobilized in professional work (i.e. the debate over what counts as good evidence), to examine instead when and how and (to some extent) why different sources of knowledge are mobilized, as street-level professionals engage in decision-making and exercise judgment within the context of organizations-as-they-happen. While the debate about the quality of knowledge and relevant forms of evidence in professional work is neither exhausted nor trivial, I believe that the latter questions points towards an equally important and more unexplored territory.

4. Empirical setting and research design

4.1 Introduction

This chapter introduces the empirical setting for the study and provides some necessary background information regarding the organization of Danish child protective services. It also presents the research design and participants¹⁷ in the study. I begin with a general introduction to the organization of Danish child protective services. First, I provide an overview of the organizational actors who constitute the organizational field (Wooten and Hoffman 2016), focusing on their roles and the relations between them. This includes the municipal child protective agencies, i.e. the street-level organizations at the center of my inquiry. Second, I introduce the case-work process and the legal frameworks that govern it. Third, I present the different professional groups that are involved in the delivery of child protective services and provide an overview of their educational background and typical job titles in both English and Danish. Having introduced the empirical setting, I present the research design and discuss the rationales behind my choices regarding participants and sites.

4.2 Introducing the empirical setting: Danish child protective services

Denmark is a small country with slightly less than 5.8 million inhabitants¹⁸. In the words of Hestbæk (2011), the country “*considers itself a small, efficient welfare state*” with a tight social security net and lots of possibilities open to everyone. All citizens are guaranteed certain fundamental rights, should they experience social problems. Social service delivery in general is highly decentralized; this is also the case for child protective services. Following a structural reform in 2007, where the number of municipalities was reduced from 271 to 98, local governments have been responsible for the provision of social services including child protective services.

4.2.1 The organizational field

Figure 4 presents an overview the organizational field of child protective services in Denmark (Note: while I have tried to indicate varying degrees of closeness and interdependence between organizational actors, the figure does not represent a systematic network analysis or a formal organizational diagram of hierarchical relations. The purpose is merely to create a visual over-

17 Because I view the process of generating data and the resulting knowledge as a result of co-productive efforts, I generally refer to the people who were involved in these efforts as *participants*, rather than interviewees or respondents.

18 <http://www.dst.dk/da/Statistik/emner/befolkning-og-valg/befolkning-og-befolkningsfremskrivning/folketal>

view of those organizational actors who may “involve themselves with one another in an effort to develop collective understandings regarding matters that are consequential for organizational and field-level activities”, cf. the definition by Wooten and Hoffman (2016, n.a.)).

Figure 4: The organizational field of child protective services in Denmark



Social Policy is decided by the Danish Parliament. *The Ministry of Social Affairs*¹⁹ is responsible for the sector, while the *Ministry of Finance* plays a central role with regards to administrative policy and a general objective to ensure “*efficient public institutions*” and “*sound economic development*”²⁰. The *National Audit Office* audits public spending on behalf of the Danish parliament and “*verify the legality and effective use of public funds*”.²¹ As we shall see, the concerns of these organizational actors have played an important role in theorizations of the evidence agenda in the field of social services.

19 The Ministry has been reorganized several times in the past decade and has had various names, including The Ministry of Social Affairs and Integration, The Ministry of Social Affairs and the Interior. It is currently known as The Ministry of Child Welfare and Social Affairs. For the sake of readability, I simply call it The Ministry of Social Affairs.

20 <https://uk.fm.dk/about-us/overall-objectives>

21 <http://uk.rigsrevisionen.dk/>

The National Board of Social Services is an agency under the Ministry of Social Affairs, which is responsible for ensuring the implementation of policy initiatives in the municipalities, as intended by the parliament. The National Board of Social Services also offers specialist assistance to both municipalities and citizens in complicated individual cases. *The National Appeals Board* used to also belong to the Ministry of Social Affairs, but is currently a part of The Ministry for Economic Affairs and the Interior. The National Appeals Board is responsible for processing complaints and ensuring uniform casework in the municipalities across the field of social services, including child protective services. It does so by making principle decisions, conducting practice reviews (*praksisundersøgelser*) and by systematically registering (and publishing) lists of formal errors in the municipalities' casework.

In addition to the two Boards, the Ministry also used to encompass *The Danish National Centre for Social Research (SFI)*, including the Nordic Campbell Centre – the regional representation of the international Campbell Collaboration, which was later renamed *SFI Campbell* – and the SFI Trials Unit, both of which are products of the evidence agenda. A merger of SFI and *The Danish Institute for Local and Regional Government Research (KORA)* in 2017 led to the establishment of *VIVE – The Danish Center for Social Science Research*, which is now a part of the Ministry for Economic Affairs and the Interior.²² The fieldwork presented here was completed before the fusion, and so I have kept the former names as they were used until then.

The main responsibility for implementing and administering child welfare legislation lies with the country's 98 *municipalities*. The municipalities generally enjoy a high degree of autonomy, while political trends fluctuate between increasing centralization and decentralization. Local governments are organized in a national association called *Local Governments Denmark (KL)*, which is a voluntary interest organization. It functions both as a members' organization and as an employers' organization. According to its own website, "[t]he mission of KL is to safeguard common interests of the municipalities, assist individual municipalities with consultancy services, and ensure that the local authorities are provided with up-to-date and relevant information."²³ There are also several associations of municipal directors, who meet to strengthen their network and competences and to discuss, and sometimes coordinate, municipal standards and policies within their field. In this case, the relevant associations are *The Association of Municipal Directors of Social Affairs* and *The Association of Municipal Directors of Children, Youth and Culture*.

22 Clearly, recent years' reorganizations of government have left the Ministry of Social Affairs somewhat amputated, and one can only speculate what it will mean for the National Centre for Social Research that it now answers to the Ministry of Economic Affairs rather than the Ministry of Social Affairs. But, although these developments are certainly not irrelevant to the developments discussed in this thesis, it is another story which will have to wait for some other time.

23 <http://www.kl.dk/English/Local-Government-Denmark/>

The street-level organizations of interest in this case are *municipal child protective agencies*. Some child protective agencies are organized as part of the municipality's Social Service department, while others belong to e.g. the Children and Youth department, along with for example schooling, dental care, and sometimes also sports and culture. The agencies are responsible for investigating cases of possible child abuse and neglect, and to instigate relevant and proportionate interventions, if necessary. The professionals who work in the agencies are generally educated from *university colleges* (not universities), where they receive a professional degree (as opposed to an academic degree) based on approx. 3½ years of education which involves substantial practical training, mainly through internships. Many are members of a *professional association*, usually The Danish Association of Social Workers (*Dansk Socialrådgiverforening*) with approx. 15,000 members, The National Association of Social Pedagogues (*SL*) with approx. 39,000 members or The National Association of Children and Youth Pedagogues (*BUPL*) with approx. 60,000 members.

In addition to these organizational actors, the field also comprises *private consultancies* who may be hired by governmental agencies or municipalities to produce analyses and evaluations, which can be used in various ways to influence debates and conceptualizations in the field. *Private foundations* may also play an active role in field-level developments, for example by (not) funding and promoting particular types of research and interventions programs. Foundations who fund research in the field of social services in Denmark include for example the Tryg Foundation and the Velux Foundation. Finally, the media plays in an important role, not least through the threat of public scandal (e.g. Noordegraaf, 2011).

4.2.2 Street-level organizations and professionals

Several professional groups are involved in the delivery of child protective services. Service providers (e.g. therapists, psychologists) may be external and privatized, or internal and more or less integrated into the municipal child protective agencies. Agencies may also collaborate more or less directly with professionals in schools and daycare institutions. Table 5 provides an overview of typical professional groups and job titles in municipal child protective services.

Table 5: Overview of professional groups in Danish child protective services

Job title	Job title in Danish	Educational background
Social workers/professionals		
Caseworker	Sagsbehandler, socialrådgiver, socialformidler	Professional degree in social work (BA, 3½ years)
Family therapist	Familiebehandler	Professional degree in social pedagogy, ergo-therapy (BA, 3½ years)
Psychologist	Psykolog	Academic degree in psychology (MSc, 5 years)
Family nurse	Sundhedsplejerske	Professional degree in nursing (BA, 3½ years) + further education in the care of infants and young children (1½ years, enrollment requires 2 years of work experience)
Casework coordinator	Socialfaglig koordinator, teamleder (for sagsbehandlere)	Professional degree in social work, often supplemented with a master's degree and/or other further education
Service coordinator	Socialfaglig koordinator, teamleder (for psykologer og/eller familiebehandlere)	Professional degree in social pedagogy, ergo-therapy or academic degree in psychology, often supplemented with further education/training in one or more specific schools of therapy, e.g. systemic-narrative approach, Marte Meo, evidence-based intervention programs
Managers		
Service manager	Afdelingsleder	Professional and/or academic degree (3-5 years), sometimes supplemented with further education in e.g. public management
District manager	Områdeleder	Professional and/or academic degree (3-5 years) + professional and/or managerial experience, sometimes supplemented with further education in e.g. public management
Agency director	Centerchef	Professional and/or academic degree (3-5 years) + substantial managerial experience (but not necessarily in child protection), sometimes supplemented with further education in e.g. public management

In the following chapters, the terms *social workers* and *professionals* will be used broadly to denote all street-level professionals who work in social service delivery and child protective services specifically. Whenever relevant, I distinguish between specific groups of professionals, primarily *caseworkers* and *family therapists*. Caseworkers are usually trained in social work, while family therapists are usually trained in various therapeutic professions, e.g. social pedagogy or ergo-therapy. In addition, many have additional training and perhaps a certification in for example one or more evidence-based programs, systemic-narrative approaches or conflict management. Some family therapists are trained *psychologists*. Psychologists often enjoy a special status, due to their higher education (i.e. a university master's degree). Finally, *family nurses* may also be involved in child protective services, especially due to the increased focus on prevention in the field (cf. below). Family nurses have a professional degree in nursing and a specialization in care for infants and young children, which requires several years of practical experience. All families in Denmark are offered one or more visits from a family nurse in their own home, following the birth of a child.

I use the word *coordinator* to denote social workers who occupy a semi-managerial position, where they have responsibility and authority to supervise colleagues. They are also often called *team leaders*. There is a varied and sometimes blurred sharing of responsibilities between coordinators and service managers. Some coordinators have actual managerial responsibilities, e.g. regarding financial and personnel issues. Such responsibilities are sometimes part of the job description, while at other times, they may not be formally recognized. Some coordinators might not have them formally, but will still exercise them informally, according to some understanding with the service manager. I sometimes distinguish between *casework coordinators* and *family service coordinators*, who are responsible for teams of caseworkers and teams of family therapists, respectively.

Service managers are responsible for financial and personnel issues across the teams that fall under their area of management. Service managers often come from a professional background, having worked their way up within the agency from entry positions as social workers or family therapists, then as coordinators or team leaders, before being promoted to managers. Depending on the size of the organization, there will be one or more layers of management above service managers, most often *district managers*. District managers are responsible for a specific geographical unit, which may encompass several service managers. In smaller organizations, the service manager and district manager is the same role, positioned between coordinators/team leaders and the agency director.

The highest-level manager in the child protective agency is the *agency director*. They sometimes have a professional background as well, but not necessarily in child protection, and often several years of experience as e.g. district managers. Some have a master's degree and/or further education specifically in (public) management. Agency directors answer to the director of the department to which the child protective agency belongs, e.g. the Director of the Department of Social Services.

Finally, in the remainder of the thesis, I will use the word *citizens* instead of clients, because this is the word that is generally used in child protective services (and many other areas of public service) in Denmark; presumably to emphasize clients' status as autonomous and rights-bearing individuals.

4.2.3 Legal frameworks

Legal frameworks are central to how child protective work is carried out, and to the formulation of local political goals and organizational strategies. Therefore, I present a brief overview of recent developments, based on a review by Hestbæk (2011).

Two central laws govern child protective services in Denmark: The Consolidation Act on Social Services (*Serviceoven*) and the Consolidation Act on Legal Service and Administration in Social Matters (*Retssikkerhedsloven*), which replaced the Social Welfare Act in 1998. Child welfare legislation is based on a principle of continuity in childhood and adolescence and an overall goal of creating equal opportunities for development for children with special needs. Since 1993, there has been a strong focus on early intervention and an increase in preventive measures, along with several new procedural requirements for caseworkers. The main purpose has been to increase the quality of investigations (*Den børnefaglige undersøgelse/§50-undersøgelse*). It has also been a requirement since 1993 that caseworkers produce individual written Action Plans for every child who is subject to an intervention (*Handleplan*) (cf. below).

Following a shift in government in 2001, the new millennium saw the beginning of a change in ideology in child protective services, from a family service oriented ideology, building on voluntary collaboration, towards a more legalistic, individualized and interventionist ideology. The child's rights were strengthened through the inclusion of the United Nations Convention of the Child, stating that any intervention must be "*in the best interest of the child*", and the possibility of using forcible measures (i.e. to intervene without parents' consent) was introduced. The 2001-amendment also included a requirement for all local authorities to set up interdisciplinary committees, to increase the focus on early and coherent interventions and ensure the involvement of social, medical, pedagogical and psychological experts in decision-making processes.

Another amendment came in 2006 with The Foster Care Reform (*Anbringelsesreformen*). The aim of this was to strengthen early preventive activities for disadvantaged children, young people and their families, and so the reform promotes early intervention as well as increased involvement of families and children. The reform emphasizes the responsibility of the individual citizen, and of the family as a whole, for solving their own problems, possibly by involving their own personal networks. The reform also came with new provisions, promoting new forms of kinship and network care as alternatives to traditional foster care. This was inspired by considerable international research-based evidence showing that a number of children might benefit from these alternative forms of out-of-home placement. Since kinship and network care cost less than traditional foster care, there was also a clear political expectation that expenditures would be reduced, following the reform (Hestbæk 2011, 136). The Foster Care Reform also emphasized school performance, which has continuously been pointed to by researchers as being very poor for children in care, leading to subsequent difficulties in finding employment and achieving social integration in general.

Finally, the reform aimed at improving the quality of casework in local authorities through placing increased demands on investigations. The reform stated that both investigations and Action

Plans must examine a long range of factors, including the child's school performance, behavior and development, family relations, health issues, leisure time activities and friendships. To achieve this, the social worker must cooperate with other professionals across sectors. Notably, considerable resources were provided for training and educating local caseworkers to support the implementation of the new law and hereby improve the quality of casework.

Further amendments were passed in 2009 as part of the Children's Reform legislation (*Barnets reform*). These continued the overall shift from a 'family welfare' ideology towards a more individualistic, legalistic and interventionist 'child protection' ideology and increased possibilities for authorities to act without consent from the parents. The Children's Reform, which was fully implemented in January 2011, also included a goal to de-bureaucratize, by reducing some of the detailed procedural regulations of the investigation and Action Plan, and an increased focus on preemptive measures. The reform clearly expressed a political wish to always begin with the least comprehensive intervention: preventive home-based interventions before (kinship) foster care, foster care before (therapeutic) residential care.²⁴ Hestbæk describes the background for these changes as follows:

These amendments were motivated by, among other things, the fact that expenditures on child welfare and child protection interventions were rapidly expanding, mirrored by the absence of evidence-based knowledge about the effects of the most frequently used measures and services. (Hestbæk 2011, 134)

In sum, the past decade has seen considerable legislative changes, reflecting explicit political goals and ambitions, which were influenced by financial concerns as well as research-based knowledge. This should be kept in mind when analyzing how the evidence agenda is reflected in local settings. In her review, Hestbæk explicitly mentions the fact that, in spite of several social policy reforms with an increasing focus on prevention, Denmark still places about 1 % of the child and youth population aged 0-17 in out-of-home-care. Of the Nordic countries, only Finland has a higher proportion of children and young people in out-of-home care than Denmark. Meanwhile, the costs for child protective services as a whole amounted to approx. DKK 13 billion in 2008 (Hestbæk 2011, 132, 145); a number which has risen to DKK 15,7 billion in 2017.²⁵ Hestbæk continues:

The fact is that we still cannot estimate the effects of the billions spent on interventions either at home or in out-of-home care; neither in the perceived quality of life of these children, nor in the performance of (previously) disadvantaged children and young people as concerns, say, school achievement, education, employment, physical and emo-

24 <https://www.sfi.dk/nyt/nyheder/artikler/familiepleje-er-ikke-altid-den-rigtige-loesning/>

25 <http://socialministeriet.dk/media/18763/faktaark-udsatte-boern-og-unge-udgifter-2016.pdf>

tional health and well-being, and crime. However, as is the case in many other countries, Denmark is gradually putting more and more efforts into testing and evaluating intervention programs, seeking to cultivate an evidence-based social practice. These programs are most often imported from other countries, such as Multi-Systemic Therapy (MST), Multidimensional Treatment Foster Care (MTFC), Incredible Years, MultifunC institutions, and Parent Management Training (PMT). (Hestbæk 2011, 149)

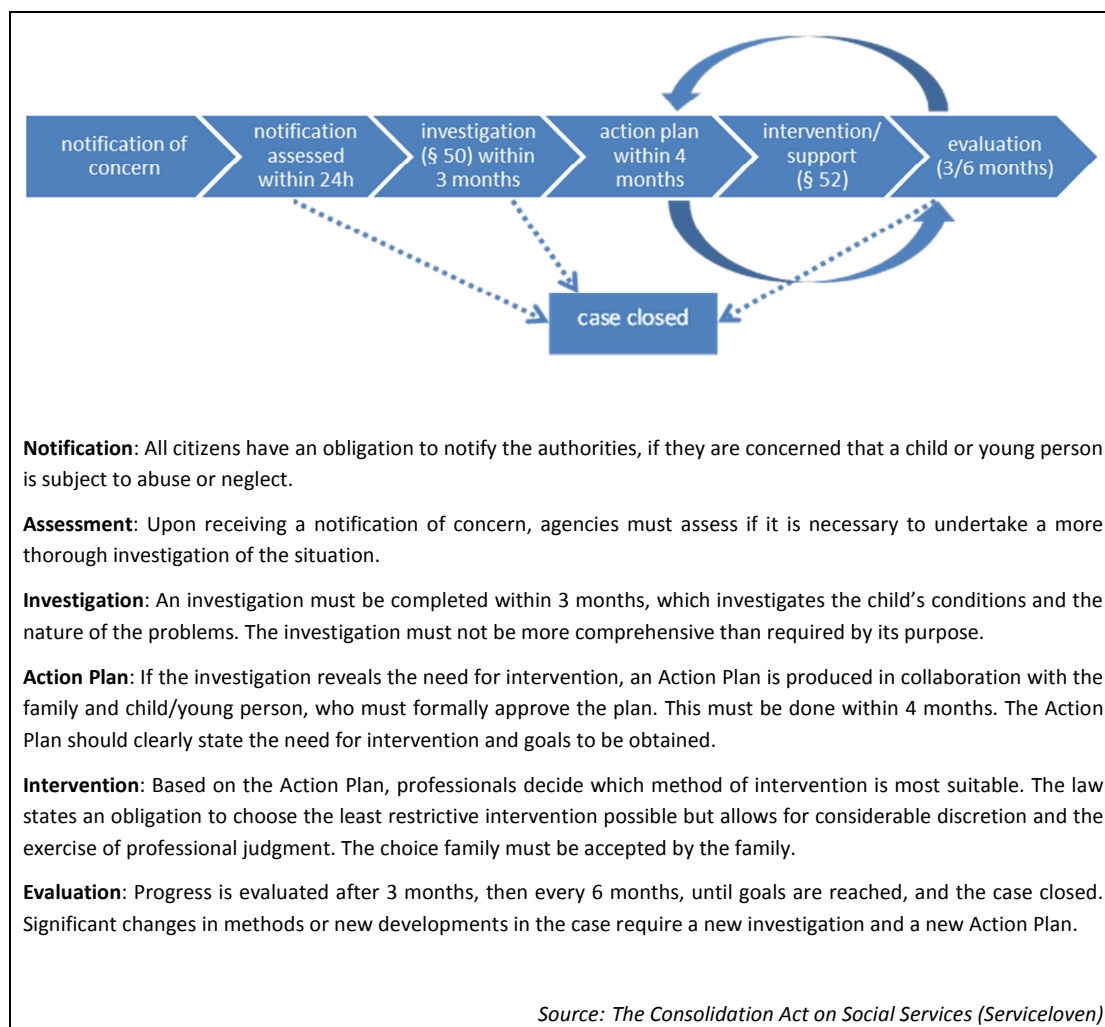
We will revisit these arguments and their role in theorizing the evidence agenda shortly. Here, the quote also serves to illustrate an important point, which is related to the theoretical discussion in the previous chapter and has implications for my choice of participants in this study; namely that research institutions, research communities and even individual researchers are also potentially prominent players in the organizational field, when it comes to theorizing and (de-)legitimizing new policy ideas (see also Nielsen, Mathiassen, and Newell 2014). This is not least the case with regards to the idea of evidence-based practice which, as should be clear from Chapters 1 and 2, has a rare potential to engage researchers in these processes. In this case, it is worth noting that Hestbæk is a senior researcher at the Danish National Centre for Social Research (SFI).

4.2.4 The casework process

Here, I will briefly outline the general procedures and guidelines for the casework process, around which the practices that I analyze in Chapter 7 and 8 revolve. As already noted, the past decades have seen a considerable increase in the number of sections in the law concerning child protection services and children in need of special support: “*casework routines in the local authorities are, to an increasing extent, the object of legislation and government guidance.*” (Hestbæk 2011, 149).

Figure 5 presents an overview of the casework process and the different steps that it involves.

Figure 5: The casework process



All Danish citizens have an obligation to report knowledge of child abuse or neglect to the local authority. The local authority must provide a receipt within 24 hours. The agency must then assess if an investigation is called for. If so, there is a limited time frame to complete the investigation, which must not be more comprehensive than required by its purpose, and should be carried out as gently as possible, preferably with the consent of the parents or custody holder and the young person over the age of 15 (§ 50). If it is not deemed necessary to investigate the case further, the case is closed, and the family may be referred to counselling and preemptive measures (§ 11).

If the investigation points to the need for intervening, an Action Plan must be produced in collaboration with the family and child/young person (§ 52). The Action Plan states the reasons for intervention and lists the goals that need to be fulfilled for the case to be closed. The investigation may point to a need for preemptive measures, i.e. home-based interventions (of which there are many different methods to choose from, such as parent management training courses, practical and pedagogical support, different forms of therapy and alternative forms of schooling), or it may point to the need for out-of-home placement, with or without the consent of the parents. An intervention can be carried out by internal service providers, e.g. family therapists, or the case may be referred to external service providers, e.g. specialized institutions or programs. Special rules and regulations apply for out-of-home placements. If child protective workers find that the child should be placed in out-of-home care without the parents' consent, the decision is made by the Children and Youth Committee (*Børne og Unge-udvalget*), which consists of pedagogical-psychological experts, a judge and elected political representatives from the local council, one of whom is the chair.

Legislative guidelines state that any intervention must be of *essential importance* to the child and instructs municipalities to choose the least restrictive measure(s) to resolve the problems that were uncovered in the investigation and meet the goals in the Action Plan. This formulation evidently leaves plenty room for, and indeed requires, professional discretion. Also worth noting is that the process sketched here may stretch over months or years for each individual case, and that one caseworker may be responsible for anywhere between 20-45 cases. Moreover, as we shall see, the seemingly highly rational and linear process outlined here is of course much more iterative and circular in practice.

Table 6 provides an overview of Danish terms and English translations that are central to the casework process and are used in the empirical analyses in Chapter 7 and 8.

Table 6: Overview of legal terms and translations

English translation	Danish term
Concern	Bekymring
Notification	Underretning
Assessment	Vurdering
Investigation	Børnefaglig undersøgelse (§50-undersøgelse)
Action Plan	Handleplan
Intervention	Indsats
Evaluation	Opfølgning
Formal decision on interventions ('referral')	Visitation

4.3 Research design: Organizational ethnography beyond a single organization

In the following, I will introduce my research design and the specific sites and participants that are included in the study. My conceptual framework implies the need for an approach which enables the researcher to follow developments over time, and across organizational and inter-organizational spaces, while remaining sensitive to meanings and practices as they unfold in particular contexts (Zilber 2008, 157). For this purpose, I draw on the tradition of organizational ethnography (Yanow 2012; Ybema et al. 2009), or ‘administrative ethnography’, as it has also been labeled in the context of public administration research (Boll and Rhodes 2015; Rhodes 2014). Ethnographic methods are generally recognized for being well-suited to capture the (patterned) actions, meanings and beliefs of actors, to present accounts of situated practices that boast depth, texture and nuance, and to produce rich and contextualized findings. As noted by Smith, ethnographic methods enable the researcher to generate a type of data that is “*simply unattainable using other modes of enquiry*” (Smith quoted in Yanow 2010, 1404).

The methodological literature on organizational and administrative ethnography often emphasizes the need to develop more flexible, practical and (in the everyday sense of the word) pragmatic approaches to ethnography, compared to the longstanding traditions of e.g. cultural anthropology (Geertz 1973). For example, Rhodes argues that ethnographic fieldwork is an indispensable tool to public administration research, but that its use and relevance hinges on the acceptance that “*ethnographic practice is diverse and no longer limited to participant observation at a single site for a long period.*” (Rhodes 2014, 326). Instead, Rhodes argues, the use of ethnographic methods should be developed and adjusted to match the research question, empirical setting, and practical obstacles at hand: “*In short, what works is best, and we are Jacks and Jills-of-all-trades, gathering material when, where and how we can.*” (Rhodes 2014, 321). It is in this sense that I label this study as ethnographic.

I set out to capture organizational and professional practices regarding the mobilization of different types of knowledge in professional judgment, and their relation to communities of practice and organizational routines, in the context of street-level organizations and specifically municipal child protective agencies. The main unit of observation is actions (i.e. doings and sayings of participants; Schatzki 2005), and the unit of analysis is practices or patterns of actions (Feldman and Pentland 2003). Notably, the observed doings and sayings simultaneously constitute situations, the different elements of which should be considered carefully when analysing and interpreting the data, to allow the researcher to take into account actors and issues that are only indirectly implicated in activities. In other words, all doings and sayings must be contextualized as well as possible. This includes developing a sensitivity to the different issues that

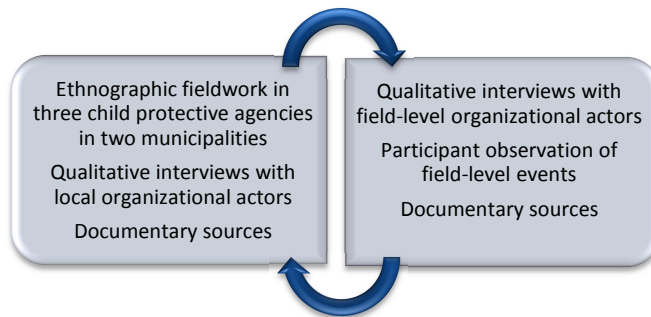
might be at stake, such as political priorities or the relations between different communities of practice, and the ability to spot any metaphorical elephants in the room (Clarke 2005; see also Schatzki 2006). Such a contextualization, I have argued, also requires that developments in the organizational field are taken into account along with the local organizational context.

Zilber proposes that, to trace organizational field-level developments, the method of retrospective interviewing prevalent in studies of institutional change should be supplemented with ethnographic methods (Zilber 2014). I have tried to accommodate this in different ways. Due to previous employments²⁶, I had the opportunity to participate in several practitioner conferences and other events prior to embarking on this study, where organizational actors met and interacted, and where discussions centered on the topic of evidence-based practice and related concepts and developments in the field. Røvik characterizes these events as ‘developmental arenas’ and argue that they constitute important sites for translation and theorization (Røvik 2007). The experiential knowledge that I gained from these events has played an important role, as is common in interpretive research (Maxwell 2013, 44pp; Schwartz-Shea and Yanow 2012, 25pp), not only in the development of the project and the selection of participants, but also in the generation and analysis of data (this will be unfolded in more detail in Chapter 5). This was supplemented with additional participant observation of practitioner conferences and events during the study and documentary material.

In sum, following my ambition to trace relations between local practices and concurrent field-level developments, the study is based on a multi-sited ethnographic research design, comprising fieldwork in three local organizational sites, qualitative interviews with relevant field-level organizational actors, observations of field-level events and relevant documentary material. This design allowed me to study actual practices, as they are carried out in everyday organizational life, and at the same time reach “*beyond a single organization*” and into to the organizational field (Zilber 2014) (see also Marcus 1995). Figure 6 presents the elements of the research design. The arrows illustrate that the different elements have been carried out simultaneously and have informed each other throughout the process.

26 From 2006-2008 as a student assistant in the Nordic Campbell Centre, and from 2009-2015 as an evaluation consultant in a private consultancy which conducted evaluations and analyses on behalf of public organizations, including the Ministry of Social Affairs and The National Board of Social Services.

Figure 6: Elements of the research design



4.3.1 The organizational field as an arena of inquiry

Based on my interest in field-level developments, I chose to conduct qualitative interviews with central organizational actors, whom I defined as *political elite actors*:

(...) persons who, by virtue of their strategic locations in large or otherwise pivotal organizations and movements, are able to affect political outcomes regularly and substantially. (...) elites are persons with the organized capacity to make real political trouble without being promptly repressed. They consist not only of prestigious and “established” leaders (...) but also, in varying degrees in different societies, relatively transitory and less individually known leaders of mass organizations such as trade unions, important voluntary associations, and politically consequential mass movements. (Higley 2008, 3).

Participants in the study represent the following organizations: The Ministry of Social Affairs, The National Board of Social Services, The National Centre for Social Research (SFI), The Nordic Campbell Center/SFI Campbell, Local Governments Denmark (KL), The National Association of Municipal Directors of Social Affairs, The Danish Association of Social Workers, The Tryg Foundation and The International Campbell Collaboration (cf. Figure 4 above and Table 7 below). I first selected participants based on my extant knowledge of developments, debates and positions in the field and supplemented this with a snowballing strategy, as I asked each participant whom they thought I should talk to next.

Notably, while all participants held influential positions in these organizations during the formative years on which the interviews focused, and thus bore first-hand witness to the developments, some of them have since moved on to different positions in different organizations.

This means that not all of them can rightfully be considered elite political actors with regards to future events. But, while their influence and responsibilities may no longer be the same, they are still important sources for tracing changing theorizations, through their accounts of the past and aspirations for the future.

Further, not all potentially relevant actors are represented. This is mainly due to time and resource constraints. I have not experienced any outright rejections of my requests for interviews (though a few required a good deal of time and patience to arrange). Examples of missing relevant actors are professional associations besides the Danish Association of Social Workers, the National Audit Office, and university colleges. Perhaps more important to note is that the citizens, i.e. the families and children who are subject to child protective services, are not represented in this study. This is partly due to the fact that, as *organizational actors*, citizens are practically invisible in the field. Associations do exist, but they are (to the best of my knowledge) not very influential and can therefore not be considered political elite actors according to the definition above.

In spite of these limitations, I believe that the chosen actors represent a reasonable selection in terms of different *perspectives* on the evidence agenda and its development over the years, both in the sense of diverging attitudes and situated points-of-view, which is important with regards to exploring changing theorizations. Many of those, who are not included, are represented indirectly via documentary material: For example, the perspectives of the National Audit Office and the Danish Association of Social Pedagogues are represented via reports and magazine articles. I have also had several informal conversations with other scholars, who have conducted research in this field, including scholars from university colleges, which have also informed my approach.

4.3.2 Choosing local organizational sites

My choice of specific municipalities and child protective agencies as *sites* for my fieldwork was first and foremost based on their expected information content: The specific sites were chosen because I expected them to be especially informative and rich in experiences, and therefore that we might learn from them. In other words, the choice was based on their potential to shed light on the research questions (Flyvbjerg 2006, 2011). They are not intended to be ‘representative’ of the state of affairs in Danish municipalities in general, as this is neither possible nor relevant to my ambition, which is to elucidate practices of knowledge mobilization and decision-making and develop analytical concepts and theoretical generalizations that may have some relevance in other cases and contexts (cf. Chapter 1) (see also Feldman and Orlikowski 2011; Haverland and Yanow 2012).

Because of my interest in knowledge mobilization practices, I focused on sites where the issues raised by the evidence agenda had been a matter of concern for some time. My expectation was that an explicit and longstanding organizational and managerial focus on the role of research and other sources of knowledge in practice would mean that reflections and rationales regarding both actual and espoused practices would be more explicit, and hence more accessible to me as an outsider. Therefore, I selected the local sites for my fieldwork among municipalities which – according to my own background knowledge and the opinion of other organizational actors in the field – had most actively embraced the evidence agenda, and where the orientation towards the idea of evidence-based practice was not a recent development. Specifically, I chose Copenhagen and Herning Municipalities, who are both considered frontrunners with regards to professional development in general and with regards to the evidence agenda in particular.²⁷

Although they have similar tasks and responsibilities and are governed by the same laws, there are substantial differences between the two municipalities and the ways in which they have chosen to organize their child welfare/child protection services. Choosing two municipalities instead of just one is a way of triangulating the data (i.e. through sites and sources as well as methods). Comparing similarities and differences between the two provides more breadth and nuance to the analysis of how the evidence agenda has been theorized both locally, and in the field (as street-level organizations are also field-level actors), and enhances the grounds for analytical and theoretical generalization with regards to knowledge mobilization and decision-making practices.

A final note is in order, before introducing the two municipalities in more detail: Because of their status as frontrunners, both Herning and Copenhagen Municipalities are popular among researchers and practitioners alike. Both municipalities regularly collaborate with The National Board of Social Services and/or The Danish National Centre for Social Research (SFI) by engaging in partnerships, testing new tools and programs, etc. Consequently, they are regularly visited by e.g. evaluation consultants and representatives from governmental agencies who seek to learn about their practices. While this meant that I was not alone (although my research interests differed from those of others), it also meant that I generally encountered highly reflective and well-informed research participants. Indeed, as argued by Neal and colleagues, the fact that these municipalities are repeatedly exposed to research attention seemed to “*foster not research fatigue but a more knowing and co-productive research relationship*” (Neal et al. 2015).

27 During interviews, the past and present activities of these two municipalities invited both admiring and skeptical comments from national-level political actors and local research participants. Participants in both municipalities pointed to each other as a source of inspiration on several occasions, while some used the activities of the other to characterize their own approach as distinctly different.

Copenhagen Municipality

Copenhagen is the country's largest urban area, which encompasses 18 municipalities and approx. 1,3 million inhabitants or 20 percent of the population.²⁸ Copenhagen Municipality is the center and the largest municipality in the country. Together with three other municipalities, it forms the City of Copenhagen. The municipality has approx. 600.000 inhabitants, or approx. 10 percent of the entire population in Denmark, but is the home of a larger share of socially disadvantaged people than other parts of the country. 25 percent of all homeless people in Denmark live in Copenhagen Municipality. 24 percent of the inhabitants are immigrants, or children of immigrants, mostly from non-Western countries. The share of people living in poverty (according to the now abolished national poverty line) has doubled from 2002 until 2012 and is today around 1,6 percent of all inhabitants. This means that around 21 percent of poor people in Denmark live in Copenhagen. Life expectancy is also shorter. In contrast, the city also has the largest number of inhabitants with a higher education and an average income above average.²⁹

The highest political organ is the Citizen's Representation (equal to the City Council in other municipalities) which has 55 members and a majority of center/left-wing parties. The Lord Mayor has been from the Social Democratic Party since 1938. There are six additional mayors, each responsible for one department. Child protection services are part of the Social Services Department and are organized in the *Citizens' Center for Children and Youth (Borgercenter Børn og Unge, BBU)*. The Center is the result of a recent integration of different units (in 2015) and counts more than 2,000 employees altogether. It consists of six local agencies and a central staff unit, whose main task it is to support organizational and professional development and, in their own words, translate political goals and strategies into practice.

The six agencies encompass caseworkers as well as family therapists, psychologists and other professionals, who deliver the main part of home-based preventive measures, as well as anonymous counseling, school social workers and youth contact persons. Some are located in the same building, while others are spread out within the local district. There is also a seventh local agency, which only provides services (no caseworkers), and which all six agencies can make use of, and eight centers which host different types of interventions, including residential institutions (e.g. Center for Foster Care). All agencies and service providers answer to three directors, who share an office in the building where the central (mainly academic) staff unit is located. The three directors all share a round desk to symbolize the organizational integration.

I chose to conduct fieldwork in two of the six local agencies: one of the smallest and one of the largest. Choosing two local agencies instead of one allowed me to develop a sensibility regard-

28 <http://www.statistikbanken.dk/BY1>

29 http://www.kk.dk/sites/default/files/status_paa_koebenhavn_2016_opdateret_august_2016_0.pdf

ing which of the observed practices and characteristics could be associated with the municipality as such, and which were reflections of local differences and particular circumstances within the agency. I have labelled the agencies Agency A and B, where A is the largest and B is the smallest.³⁰ Caseworkers are generally divided into teams, which deal with the process of investigation and the process of intervention, respectively (Intervention Teams and Action Teams). Additionally, they are divided into teams, which deal with children aged 0-12 and young people aged 13-18, respectively. In-house service providers (family therapist, etc.) are also often divided into teams according to the age groups they typically deal with. This may differ slightly between local agencies, which are of varying sizes, but specialization is the general trend. This was also the case in Agency A and B.

Herning Municipality

Herning Municipality is located in the Western part of Denmark. The municipality was formed as part of the structural reform in 2007 as a merger of four small municipalities. It is larger than the average municipality with approx. 87,000 inhabitants and geographically widespread, covering a town of approx. 49,000 inhabitants and several small villages. The City Council has 31 members and a stable majority with 19 members from the conservative-liberal and agrarian party *Venstre*.

Child protective services are organized as part of the Children and Youth Department, which is organized in three centers: Center for Children and Learning (CBL), which encompasses day care and schooling, Center for Development and Finance (CUO), and Center for Children and Prevention (CBF), which encompasses pedagogical-psychological counseling, family nurses and child protective services. A recent organizational restructuring of the Center for Children and Prevention entailed a process of de-specialization, where all professionals went from being organized in specialized teams to being organized in cross-professional teams according to geographical districts. All cross-professional teams have their offices in or immediately next to the City Hall – some have their offices in the same hallway, others are located together in smaller separate buildings – and it is easy to walk between them (at least in principle). Notably, family therapists and other specialized service providers are physically located in a different part of town, in the Children and Family Treatment Center (BFC), which is financially a part of CBF.

Similarities and differences

The obvious difference between the two municipalities lies in their size and number of inhabitants, as well as the prevalence and character of social problems. That said, there is also a con-

30 I chose to anonymize the local agencies to enforce the anonymization of individuals and cases in each agency.

siderable diversity between districts within the two municipalities, regarding the severity of cases and the resources among families that come into contact with child protective services. There are also other important similarities and differences, which relate to overall trends in government, regarding for example specialization and de-specialization of professionals, as described above, as well as organizational integration or disintegration. These differences in formal organization have some implications in terms of whom and what I was able to observe during my fieldwork, and for the interpretation of the findings that are presented later, and are therefore worth noting in more detail:

The formal organization of child protective services have for some time been marked by increased functional specialization, where different teams of professionals deal with different stages of the process (Matthiessen, Zeeberg, and Haack 2017). This means that cases are transferred several times between several groups and individuals: from the ‘front team’, who make initial decisions regarding notifications of concern, to the ‘investigation team’ who conduct the investigation, to the ‘action team’ (children or youth) who draft the action plan, to the family service coordinator and finally to one or more family therapists or external service providers, who are then expected to collaborate with the responsible caseworker in the action team. The two agencies in Copenhagen Municipality are organized in this way, while, as mentioned above, Herning Municipality recently decided to abandon all specialization.

In Copenhagen Municipality, the authority of caseworkers and the provision of home-based preemptive measures are organizationally integrated in the Social Services Department, while broad preventive measures (such as pedagogical-psychological counselling (PPR)), are organized in a different department, namely the Children and Youth Department, which is responsible for schooling and day care and spare time activities for all children. Many actors in the municipality mention a general preoccupation with breaking down the “silos” and increase collaboration between the two departments. In comparison, in Herning Municipality, child protective services are an integrated part of the Children and Youth Department, which also comprises e.g. schooling, day care, dental care, PPR and other preventive measures. As mentioned above, family therapists and specialized service providers are also formally a part of the department’s Center for Children and Prevention but are physically located in a different place.

The organization in both municipalities carry remnants of ideas that are usually associated with the New Public Management, as well as ideas usually associated with post-NPM or New Public Governance (Osborne 2006). While municipalities have for quite some time operated with a sharp division between authorities-as-customers, who would order specific deliverables from the service providers at an agreed (and ideally competitive) cost (in Danish known as *Bestiller-Udfører-Modtager* of *BUM-modellen* (Matthiessen, Zeeberg, and Haack 2017)), recent organi-

zational restructuring reflect attempts to abolish this model and reintegrate authorities and service providers into one organizational unit with shared budgets. This broader development should be kept in mind when reflecting on the analyses and findings (especially as managers talk about the need for professionals to develop a common organizational identity).

4.4 Overview of data sources

Table 7 presents an overview of field-level and local sources of data.

Table 7: Overview of field-level and organizational data

Field-level data sources
<p><u>10 interviews conducted between March 2015-February 2016 (duration 40-140 min.):</u></p> <ul style="list-style-type: none"> • Director, The National Board of Social Services (2012-2015) • Vice Director, The National Board of Social Services (2014-2015), Head of Division (2013-2014), Head of Department (2012-2013) • Vice Director, The National Board of Social Services (2015-) • Director, Ministry of Social Affairs (2012-2015), Administrative Director of Social Services, Copenhagen Municipality (2015-) • Director, SFI – The Danish National Centre for Social Research (2013-2017) • Director, SFI Campbell (2009-2011) and Head of SFI Trials Unit (2012-2014) • Director of SFI Campbell/The Nordic Campbell Centre (2002-2009), Co-chair of the Campbell Collaboration Users Group and member of the Campbell Collaboration Steering Group (2005-2013), Member of Steering Committee, Campbell Collaboration Knowledge Translation and Implementation Coordinating Group (May 2013-), Senior Advisor/Head of Analysis, Tryg Foundation (2011-) • Vice President, Danish Social Workers' Association, (2012-) • Head of Department for Social and Health Policy, Local Governments Denmark (2012-2017) • National Board Member, The Association of Municipal Directors of Social Services, Health and Employment in Denmark (FSD), (2006-), Director of Social Services and Employment, Aarhus Municipality (2008-), and President of The Methods Centre (2010-) <p><u>Participation in field-level conferences and events (2006-2015):</u></p> <ul style="list-style-type: none"> • 'What works?' [Hvad virker?]; practitioner conference arranged by the Nordic Campbell Centre, 2006, 2007, and 2008 • 'From effect measurement to evidence-based practice' [Fra effektmåling til evidensbaseret praksis], practitioner conference arranged by SFI – The Danish National Centre for Social Research in conjunction with the Annual Campbell Collaboration Colloquium in Copenhagen, 2012 • 'The difficult concept of evidence' [Det svære evidensbegreb], practitioner conference arranged by SFI – The Danish National Centre for Social Research, 2013 • Annual Conference of the Danish Evaluation Society, 2013 and 2015 • 'For whom do we measure?' [Hvem måler vi for?] Theme day on outcome measurement of social interventions, invitational event arranged by the private foundation Det Obelske Familiefond, 2015 <p><u>Additional sources</u></p> <ul style="list-style-type: none"> • Documentary material (see Chapter 6 and list of references for details) • Background conversations with researchers who previously studied the evidence agenda in Denmark (from the University of Copenhagen, University of Aarhus, SFI and the Metropolitan University College)

Local data sources	
Copenhagen Municipality (Agency A and B)	<p><u>Centrally located staff – Department of Social Services</u></p> <ul style="list-style-type: none"> 4 semi-structured interviews with: Administrative Director, Head of Office for Results and Quality Development, 2 Consultants in VIA ('Knowledge in Action') <p><u>Centrally located staff – Child Protection Agency</u></p> <ul style="list-style-type: none"> 4 semi-structured interviews with: Agency Director, Program Leader, 2 Professional Development Consultants <p><u>Agency A</u></p> <ul style="list-style-type: none"> 9 days of fieldwork incl. 4 days of shadowing family service coordinator and 3 days of shadowing casework coordinator (April-August 2016, September 2016) Explorative interviews and meetings to negotiate of access (Aug. 2015, Feb. 2016) Participant observation of educational event for all caseworkers (Sep. 2016) 3 semi-structured interviews: Service Manager and 2 professional coordinators <p><u>Agency B</u></p> <ul style="list-style-type: none"> 13 days of fieldwork incl. 6 days of shadowing family service coordinator and 5 days of shadowing casework coordinator (May 2016, September-October 2016) Explorative interviews and meetings to negotiate of access (Feb. 2016) Participant observation of educational event for all employees (June 2016) 3 semi-structured interviews: Service Manager and 2 professional coordinators
Herning Municipality (Agency C)	<p><u>Agency C</u></p> <ul style="list-style-type: none"> 7 days of fieldwork incl. 4 days of shadowing casework coordinator (October 2015, December 2015, September 2016; shadowing conducted during September visit) 15 semi-structured interviews with: present and former Agency Director, Area Manager, Director of Child and Family Treatment Center, Program Leader, Evidence Consultant, Casework coordinator, Service Manager, Caseworkers, Family Nurse, Chair of Children and Youth Committee + informal interviews Participant observation of 'Evidence Fair' in the City Hall (September 2016) Notes from several telephone conversations with the Program Leader
<p>In all three agencies, shadowing included (participant) observation of the following activities:</p> <ul style="list-style-type: none"> Meetings with administrative leaders Meetings with other team leaders/coordinators Weekly team meetings among social workers Individual meetings and ad hoc supervision of co-workers Cross-professional meetings with members from different parts of the organization (e.g. social workers, family therapists and psychologists) Attendance at professional development workshops and other events Informal conversations between colleagues, lunch, smoking breaks and walk-and-talks, and additional informal interviews with employees and managers whenever opportunity presented itself 	

5. Generating and analyzing data

5.1 Introduction

This chapter introduces the sources and methods used to generate data for the study. An interpretive approach makes the same fundamental demands on the researcher as other forms of scientific practice in that it must be systematic and conducted with an attitude of doubt (Schwartz-Shea and Yanow 2012, 17). Ways of dealing with these demands, however, differ from those of positivist and variable-based approaches, as do the criteria for judging whether the attempt has been successful. The following sections describe and discuss the various steps I have taken in my endeavor to meet the criteria relevant to interpretive research as well as possible. The aim of the chapter is to illustrate the *craft* that went into producing the research and provide a *reflexive* and sufficiently *transparent* account which will allow readers to judge the persuasiveness and *trustworthiness* of the analyses that will be presented in the following chapters (Dahler-Larsen 2003; Schwartz-Shea and Yanow 2012, 91pp; Tracy 2010). I begin by describing how I went about generating data. I then describe the process of coding, analyzing and interpreting the data, before reflecting on evaluative criteria.

5.2 Generating data

This section describes the methods and practicalities involved in generating data, including the role of my prior observations of field-level events, my approach to interviewing political elite actors, the practicalities involved in gaining access to local sites, building research relationships and trust, and conducting fieldwork in busy organizational settings. I also address ethical and emotional aspects.

5.2.1 (Accidental) participant observation of field-level events

As described in the previous chapter, I had the opportunity to observe field-level developments over a period of 10 years, via participation in seven conferences organized by three different organizations in 2006-2015. During the conduct of the study, I participated in one additional practitioner conference and a day-long invitational event, hosted by a private foundation, on the topic of evidence and outcome evaluation in the social services. At each of these conferences, the concept of evidence, the ideal of evidence-based practice and related topics were discussed among policy-makers, researchers, evaluators and professionals representing different areas of public service, including child protection. Besides shaping the puzzle and overarching research question of the study, notes and observations from these events served as a valuable source of background knowledge during the process of generating data in mainly two ways:

First, they provided me with a sense of whom I should talk to, and what to say to get their attention. Gaining access to political elite actors is not always easy, and I believe that my knowledge of the field and prior debates allowed me to phrase my request for interviews in ways that appealed to these actors. Specifically, I tried to include in these requests a nuanced perspective and a ‘fresh’ take on the issues involved, to avoid rejection based on the impression that I was simply out to reiterate longstanding conflicts and ‘outdated’ debates.

Second, while my notes from past events were too unsystematic to be included directly in the analysis, I used them in the process of generating data: to identify relevant actors, recollect moods from various events (e.g. increasing enthusiasm and consensus or conflict and tension), and to recall specific situations or statements from central actors, which I was then able to refer to during interviews, in order to prompt the memory of participants – many of whom had also been present at one or more of these events. Sometimes I would, very cautiously, offer my own interpretation of a situation (stating for example what I thought might be considered a ‘turning point’), to allow participants to reflect and explain why they agreed or disagreed. This served to provide more nuance to participants’ retrospective sensemaking, and to anchor conversations about developments and turning points more precisely in the flow of time.

5.2.2 Interpretive interviews with political elite actors

I conducted loosely structured conversational interviews with 10 field-level organizational actors, who may all be defined as political elite actors, cf. Chapter 4. The interviews focused mainly on participants’ retrospective reflections concerning central debates, developments, turning points and organizing visions related to the evidence agenda. The interview guide was a set of themes and open questions, focusing on a) what participants associated with the terms ‘evidence-based practice’ and ‘knowledge-based practice’, b) how they described and explained developments and current state of affairs in the field, and c) what they imagined as the potential future of the evidence agenda in the field, and d) their organizing visions. I augmented the interview guide by adding relevant factual details, to be able to ask more specific questions in each case. This provided a way of exploring actors’ (changing) theorizations, explanatory narratives and aspirations for the future. I also asked participants about the view of other organizational actors’ positions in the past, whether they had changed, what they would like to see others do onwards, and whom I should also talk to.

My extensive background knowledge helped me engage in a common unfolding of past events and yield more nuanced reflections during interviews. Still, many of the interviews contained surprises. Participants would sometimes voice very straightforward and/or unexpected views or tell anecdotes which revealed the curious inner workings of their own or other organizations

and the relations between them. I was also surprised by the readiness of most participants to discuss what they perceived as misconceptions of the past and desirable or dreaded developments in the future. Indeed, participants generally seemed to give me (mostly) their honest opinions and not just present me with ‘polished talk’. This was probably reinforced by the fact that, as noted in the previous chapter, many participants had recently moved on to different organizations and positions in the field, which allowed them to speak more candidly about events of the past. Because of this, I was attentive to the ways in which their present situation might influence their perspective on things, and particularly their opinions with regards to what others ought to do or have done.

It follows from these reflections that the data and knowledge that was generated from these interviews, and from those with municipal actors as well, is to be regarded as a result of mutual sense-making and co-production of meaning between the participant and myself. When analyzing the data, I have paid as much attention to the micro-context in which answers were given (including the question that was posed, the mood of the interview, and the relation between myself and the participants) as to the answers themselves, so as not to misinterpret ‘bold’ statements or expressions of irony but take their situatedness into consideration. As the same time, I have constantly been aware of not letting any preconceived impressions of participants get in the way of listening closely to what they were saying (and, just as important: reflecting on what they were perhaps not saying).

5.2.3 Organizing fieldwork in the three agencies: Gaining access and choosing viewpoints

Concurrently with the field-level interviews, I carried out fieldwork at the three municipal agencies over a period of 14 months (October 2015-December 2016), fluctuating between more and less intense periods of engagement. The generated data encompasses field notes from a total of 29 days (approx. 150 hours) of observation, including 22 days of shadowing five different team leaders/ coordinators for 4-7 (not necessarily consecutive) days each. I had to coordinate my visits with coordinators’ busy schedules. These sometimes involved meetings with citizens or activities in other locations (e.g. conferences), where it was not possible or appropriate for me to participate. The fieldwork also generated several documents and artefacts such as agency strategies, evaluation reports, caseworkers’ check lists and video recordings of professional education events; some of these I asked for, while others were given to me by participants on the expectation that I would find them relevant.

Gaining access to the local organizational sites was easier than I expected. The main challenge was figuring out where I wanted to go, and whom to contact in order to get permission. As dis-

cussed in Chapter 4, I figured out the answer to the first question on the basis of my knowledge of the field and my initial interviews with political actors, who confirmed my belief that something interesting was happening in these places, and that they were indeed considered frontrunners. After this, I spent some time trying to ‘map’ the organizations (Schwartz-Shea and Yanow 2012, 84pp) and figure out where I wanted to situate myself before making contact, knowing that I would have to be adaptable. In both organizations, I organized interviews/meetings with central academic staff members, who were sympathetic to my ideas and came to act as ‘gatekeepers’ to participants located both higher and lower in the organizational hierarchy. Again, I believe that my knowledge of the field allowed me to phrase my initial requests for meetings in a way that appealed to potential participants, or at least did not lead them to reject me immediately.

Notably, gaining access is not a one-time event, but something that must be maintained, and can sometimes change over time (Cunliffe and Alcadipani 2016). Access to one part of the organization, or one central participant, does not guarantee access to others. While I was lucky to be received by enthusiastic and helpful gatekeepers, these relations also represented a constant balancing act of welcoming their sometimes very specific suggestions on how I should conduct my fieldwork, whom to talk to, when and where, with or without the gatekeeper’s participation, while still holding on to my own research interests. As I moved around the three agencies, I was constantly meeting new people whose trust I had to gain, including higher-level managers who had not always had a say in granting me permission to be there. Having to explain my ideas and interests over and over was challenging, especially because I did not want participants to preoccupy themselves with my perspective on things, but at the same time, having to justify my presence helped sharpen my focus.

I used shadowing (Czarniawska 2007) as the main strategy to gain access to both the ‘frontstage’ and ‘backstage’ of organizational life (Brower, Abolafia, and Carr 2000). I chose to shadow coordinators, not because I was specifically interested in them or their role *per se* but based on the expectation that following in their footsteps would provide a vantage point from where I would be able to observe a variety of practices relevant to my research interests. By shadowing coordinators, I was able to observe a broad range of organizational practices; including team meetings, ad hoc case discussions, individual supervision, meetings between coordinators, between coordinators and service managers, the performance of various administrative tasks, as well as non-work activities such as lunch and smoking breaks (though most of the time, coordinators’ lunch breaks were close to non-existent; rarely did they sit down for more than 5-10 minutes to quickly swallow a bite, often this was done in front of the computer screen, and usually also involved several interruptions by colleagues with pressing questions).

All of this gave me a good sense of daily organizational life, provided me with plenty of observations to inquire about in the formalized interviews.

Due to the specialization of professionals in Copenhagen Municipality, I had to choose more precisely where to situate myself in the two agencies: from which viewpoint would I be observing? I chose to shadow the coordinators of professionals (caseworkers and family therapists) who worked with families with younger children (0-12 years old), as opposed to those who worked with young people (13-18 years old). This was suggested by the service managers in the two agencies (to whom I was referred by the initial gatekeeper), based on their knowledge of my interest in the evidence agenda, as they found that it was most prominent with regards to this group. I shadowed one casework coordinator and one family service coordinator in each agency, beginning in Agency B, continuing with two different coordinators in Agency A, and then returning to Agency B. Changing perspectives like this helped me to continuously see things in a new light.

I also chose to primarily observe the casework coordinators of the so-called 'action teams' who are involved in the part of the casework process which relates directly to the choice of interventions, as opposed to the teams whose main task it is to conduct investigations (though I was able to observe a great deal of interaction between the coordinators of the different teams, as they were physically located together): As described above, my approach was initially rather open and explorative, but I decided quite early on to focus on organizational routines associated with deciding on a specific intervention, once a cause for concern had been established and an Action Plan had been formulated (cf. the description of the casework process in Chapter 2). As previously described, discretionary decision-making and professional judgment is central to moving forward with the case at this point. Moreover, it is around this point (if not before) that caseworkers are required to share cases with other professionals, namely those who are responsible for carrying out the chosen intervention, while the caseworker remains responsible for the overall process. Coordinators are central to this process and involved in most discussions, and so shadowing them provided rich insights into the actual practices of decision-making and knowledge mobilization that I was interested in. Finally, my focus was mainly on the choice between different preemptive measures rather than out-of-home-placements.

I visited Herning Municipality, which is located in a different part of the country, three times. The first time, I was there for a meeting to discuss my project and potential access, while the second visit consisted in two days of interviewing different (groups of) participants. During the third visit, I shadowed one coordinator (team leader) in one of the four districts but attended several meetings in which all team leaders and districts were represented. Moving around the building, I was able to observe other teams as well and was also allowed to observe a cross-

professional meeting between professionals in a different district. Additionally, I conducted another round of interviews with both ‘old’ and ‘new’ participants. Because specialized service providers were located in a different building in a different part of town (although within walking distance), I was not able to observe them as part of my shadowing, but I did participate in a meeting with representatives from this part of the organization (which was focused on coordinating the services they offered with the needs of the agency and the caseworkers).

I also conducted planned semi-structured interviews with coordinators, service managers, academic staff members and agency directors in both municipalities, and with one political representative (the Chair of the Children and Youth Committee) and several frontline professionals in Agency C (see Table 7 above. An example of an interview guide for coordinators is provided in Appendix A (in Danish)). In all agencies, I also conducted spontaneous informal interviews with professionals when opportunity presented itself. Of these, 29 interviews were recorded and later transcribed verbatim and imported into NVivo. The others were documented through extensive note-taking immediately after the interaction (e.g. by fleeing to the bathroom, pen and notebook in hand). I also made extensive notes from my first encounters with participants, as I negotiated access to the different organizations, and from any phone calls to arrange the details of my visit. Some participants were interviewed more than once. This was primarily the case in Herning Municipality, where a whole year passed between my first and last field visit. All interviews were conducted in person, except for interviews with two higher-level managers and the Chair of the Children and Youth Committee in Herning Municipality, which were conducted over the telephone.

5.2.4 Shadowing as a practical accomplishment: Building research relationships

The coordinators all had different backgrounds, personalities and styles of work, but all came across as busy but content, engaged and committed to their work. When shadowing, I generally tried to stay in the background and disturb as little as possible, being mindful not to take up too much of participants’ time, though I did take the opportunity to ask questions about observed situations and meanings. Participants generally encouraged me to do so, and readily provided explanations and rationales and shared their reflections, and sometimes their frustrations, with me. As noted by Yanow, it is important to recognize that ethnographic data is not a naturally occurring substance that is ‘found’ or ‘collected’ by the researcher; it is intentionally generated, or manufactured, with specific purposes in mind:

(...) attending exclusively to ‘naturally occurring’ organization-speak is not a form of ethnographic research that I recognize, as it lacks the crucial ingredients of situated observation and interventions to clarify the actor-speaker’s meanings. (Yanow 2010, 1400)

Hence, direct interaction and efforts to clarify participants' meanings are essential when working with ethnographic methods. Without such clarification, there is a risk that later attempts to explicate the meaning of a recorded or written text will result in either top-down theorizing or a-theoretical description. In line with this reasoning, I generally waited to conduct formal interviews, until I had spent at least a couple of days in the organization. In this way, I was able to draw on my observations, ask about puzzling situations or terminology that needed clarification, and to 'test' how participants reacted to my emerging understandings of practices or concepts that I found to be of importance. With regards to coordinators, this strategy also had the benefit of allowing more time to build trust. It was my impression that those with whom I had spent a few days prior to the interview would open up to me in a different way, compared to those with whom I had to interact for the first time in the context of a formal interview set-up.

Trust- and relationship-building is an important element of shadowing. In all cases, the first days of shadowing would be somewhat awkward, as I figured out how to carry myself in different situations and coordinators gradually got used to my presence. The unnaturalness of the situation sometimes became obviously apparent. For example, one coordinator told me during one of our first days together that her child, who was a social science student, had told her to remember to use "*the right words*" and not tell her usual "*strange stories*" when I was around (though this instruction did not appear to make a difference). While she laughed at this, several little comments revealed that she was indeed highly conscious of my being there, especially when interacting with others.

However, it was also my experience that the immediate tension was quickly replaced by a relaxed atmosphere, where coordinators would reflect on situations and events and share their views with me, as we walked between meetings or during short breaks. While they would generally not talk badly about colleagues or managers, they were comfortable expressing their frustrations over e.g. particular situations or the conditions of their work in general. While they knew that I was constantly noting everything they and others said and did, this mode of conversation was decidedly different from our formal interviews, where they would be much more conscious to remain 'professional', and for example stop themselves mid-sentence, because "*the recorder is on*".

As I moved around the agencies, observing and listening to professionals' doings and sayings, I was very mindful about my position and presentation of self. As explained above, not only did I have to build trust with the coordinators, but I also had to introduce myself and my reason for being there over and over again to other participants, every time cautious not to give anyone a reason to ask me to leave. The coordinators came up with different nick names to describe to others who I was; one called me "*my fly*", another "*my intern*" and a third "*my shadow*", and I

did my best to appear as a non-threat, and participants mostly did not seem to mind my being there. Only twice was I asked to wait or step outside because a coordinator had to discuss either personal or personnel-related issues that they, or the participant with whom they were discussing, were not comfortable to let me hear.

I considered myself fortunate to have chosen a field in which I had some familiarity with the professional jargon (including the different phases and paragraphs central to the casework process, different types of interventions and common abbreviations used to denote programs and methods (e.g. ICS, SOS, DUÅ, PMTO, MST), and a basic knowledge of common theoretical perspectives, such as attachment theory and the debate on risk and protective factors) – especially during the first days, when I was busy figuring out the whos, the wheres, and the whys of the different agencies and trying to keep up with the coordinators who always seemed to be on the move: down the hallway, up the stairs, into the meeting room, back to the office and down the hallway once more, meanwhile engaging in conversations about four or five disparate cases, with which they were obviously familiar (one of the coordinators told me that she once wore a step-counter and found out that she usually walked at least five kilometers during a normal work day).

At this sometimes overwhelming pace, my familiarity with the work and the jargon allowed me to grasp the gist of most case discussions, even if I did not understand every detail. It also allowed me to ask reasonable clarifying questions that conveyed to professionals a basic appreciation of the work they were trying to do. For example, in an informal conversation with two professionals, they explained to me their frustration with being caught between two different departments and legal frameworks. While they seemed almost tired when I first began asking them questions, their faces seemed to light up with recognition as I was able to ask a follow-up question in which I pinpointed the articles of the law that complicated their work.

5.2.5 Writing field notes

Compared to other settings, it is relatively easy to write field notes when conducting field work in child protective agencies. It is an environment which is already filled with written records, and participants use computers, tablets and notebooks all the time, which made it relatively less conspicuous for me to walk around with my own notebook. Still, participants often commented on this extensive writing of mine. I tried to write as much as possible during the day, and would often have the chance to do so either during discussions or immediately after. This allowed me to write down statements and sometimes entire conversations almost verbatim. In some meetings, I would even be able to bring my laptop and more or less transcribe the entire discussion, supplemented with observations on the layout of the room, the ways in which participants were

seated, the tone of their voices and changes in the mood (using quotation marks to clearly mark which statements were indeed verbatim, and which represented my own recollection of what was said; this is also reflected in field note excerpts that are included in the analytical chapters). At other times, I would have to rely only on handwritten notes, and sometimes it was not possible to make notes until later.

At the end of each day in the field, field notes were checked for comprehensiveness, unintelligible jottings were converted into real sentences, short-hands were written in full, and so on, to allow for later recollection. I also added an overview of the course of the day, my general emotional state and responses to different situations and experiences as well as reflective remarks to the write-up (cf. Miles and Huberman 1994, 66p). Major sections of field notes were written up as Word documents, while others still sit in the seven notebooks that I managed to fill during my time in the field. Reflections concerning emerging themes and theoretical constructs were written up separately in analytical or theoretical memos (Emerson, Fretz, and Shaw 2011). These were later retrieved, discarded or developed further during the analytical process, cf. below.

I made a conscious choice not to make audio recordings of meetings. In both this and previous research projects, I have witnessed the quick shifting of façades and rising self-consciousness of participants, as soon as I have brought out my digital voice recorder, only to see this tension replaced by a relaxed and confidential attitude, once I have put it away – even if participants knew that I was still ‘on the job’, observing them, and that I would continue to make a note of whatever they said and did. While participants were obviously aware that they were being observed, it is my experience that a recorder makes a huge difference, and I did not want to produce this effect. Moreover, I quickly realized that, while formalized meetings were important, they were certainly not the only venues where case discussions took place and decisions were made. This confirmed my choice, as I did not want to produce a material difference in the data which might lead me to (unconsciously or unconsciously) treat conversations and discussions that occurred in the context of formalized meetings as inherently different from the conversations and discussions that took place in more informal encounters.

5.2.6 Ethical and emotional concerns

Depending on the setting, fieldwork inherently involves different emotional and ethical issues, where one must consider how to behave and how to deal with experiences that are challenging in one way or another. Regarding ethical considerations, I was mainly concerned with the amount of confidential and highly sensitive personal information about citizens that I was exposed to, which was essentially none of my business. Interestingly, this issue was never raised

by any of the gatekeepers or other participants, perhaps because they were so used to it. I made an agreement with myself to never note down citizens' full names and preferably not even their first names; I would note as little as I needed to aid my memory and to be able to trace repeated discussion of the same cases over time. This 'policy' of mine was sometimes challenged, for example when a coordinator asked me to make note of a child's entire social security number during a search for information in a data base. I did not find myself in a position to reject this small request, which was clearly a purely practical matter, and so I noted down the number and read it back to the coordinator a few minutes later. I then took great care to delete all traces of it from my notebook.

The fact that I focused on organizational backstage operations meant that I sometimes witnessed what I found to be disturbing situations, not necessarily due to any fault on the part of professionals, but rather due to the circumstances of their work. This made me question what we, as a society, have to offer some of our most disadvantaged citizens: those children who are exposed to abuse and neglect by adults who are supposed to care for them. I witnessed many meetings where the discussion among professionals would gradually reveal the underlying tragedy of the case (I had no time to prepare for meetings and so had rarely seen the case files beforehand). While I was never particularly affected by the many heartbreaking stories during these meetings (most likely because I was influenced by the 'business-as-usual' attitude of the professionals), they would sometimes return to me unexpectedly, often days or months later, causing rather strong emotional reactions. I am not sure if and how these experiences have made a difference to my analyses and interpretations of what is going on, but I account for them here to avoid the impression that I remained unaffected by conducting fieldwork in this particular setting.

5.2.7 Documents and artefacts

As previously noted, the analysis also draws on a range of documents and other artefacts; e.g. policy and strategy documents, meeting agendas, standardized documents, check lists and other tools. Some of these were handed to me by participants to demonstrate or illustrate what they had told me during interviews. Others I identified by following more or less explicit directions from participants who stated that this or that document or magazine article or op-ed had played a central role in the public debate, internal disputes, or had in some other way influenced how they perceived and made sense of other actor's positions, events or developments. My approach to collecting this material was guided by the general idea that documents and artefacts do not make a difference by themselves; they must be mobilized (i.e. noticed and perhaps also read, reflected upon, discussed, accepted or rejected) in order to matter. Accordingly, I have not conducted a systematic search of everything that was ever written in relation to the debate over evi-

dence-based practice or related concepts, but focused on those documents that, according to different participants, have somehow had an influence in the debate. I have read and interpreted this material alongside the transcripts and notes from the interview or situations in which where they were brought up.

5.3 Dealing with the data

There are different opinions among qualitative/interpretive researchers about what ‘analysis’ means, and therefore different ways of defining, describing and delimiting the analytical process. Some equate analysis with the sorting and ordering of data. Others label this as coding, while analysis denotes the interpretive process of connecting emerging themes and concepts. Common to most contributions is that they emphasize the iterative, flexible and imaginative nature of qualitative analysis, while insisting that this does not allow for sloppy or careless approaches. To arrive at new interpretations while remaining true to the generated data material, analysis must be methodical, systematic and intellectually rigorous: It requires principled and disciplined thought (Coffey and Atkinson, 1996; see also Dahler-Larsen, 2003; Miles and Huberman, 1994; Schwartz-Shea and Yanow, 2012 for detailed, insightful and demystifying discussions).

Perhaps most importantly, analysis is not considered a separate stage, but an ongoing activity throughout the entire research process. As noted by Coffey and Atkinson:

The process of analysis should not be seen as a distinct stage of research: rather, it is a reflexive activity that should inform data collection, writing, further data collection, and so forth [...]. The research process, of which analysis is one aspect, is a cyclical one. (Coffey and Atkinson 1996, 6).

Before going into more detail with regards to the process of coding, analysis and interpretation, I will address the role of extant theory in this process.

5.3.1 The role of theory

Theoretical perspectives provide what Geertz’ described as “*experience-distant*” versions of central concepts in the empirical field, which can be used to promote scientific, philosophical or practical aims (Schwartz-Shea and Yanow 2012, 18). Theoretical perspectives and concepts do not emerge on their own, but are created by the researcher. The conceptual framework that I presented in Chapter 3 was partly informed by my experiential knowledge and partly grew out of my efforts to make sense of what I was hearing in interviews and observing in the three child protective agencies. Accordingly, I did not systematize or ‘operationalize’ the different analyti-

cal concepts prior to generating and analyzing my data, but engaged instead in an abductive and iterative process (Schwartz-Shea and Yanow 2012, 27pp): Before embarking on my fieldwork, and during months of generating and reflecting on data, I continuously sought to develop a sense of how the different concepts that I was interested in had been conceptualized and discussed in the scholarly literature and consulted new literature that would help me shed light on emerging concepts. Throughout this process, some theoretical perspectives came to shape my analysis of what I was observing, while others were discarded.

To illustrate, my choice to conceptualize some of what I was observing as processes of theorization formed gradually during the process of interviewing political elite actors. While it did not change the focus of my interviews, or my questions, it provided me with a conceptual label for what I was already inquiring about and listening to. As I simultaneously embarked on my fieldwork in the three agencies, I realized that the question of how to organize and mobilize knowledge in everyday practice was a main concern among participants, but it was also clear that, while participants were clearly affected by the debates in the field, their use of the terms ‘knowledge’ and ‘evidence’ only sometimes resonated with these debates, while at other times, differed considerably. As I began analyzing my data, I spent a long time reflecting on, and indeed, struggling with, how to capture the several types and understandings of knowledge at play, and tried out various options before settling on the very basic categories of propositional, procedural and personal knowledge.

Concurrently, the centrality of organizational routines to participants’ concerns and knowledge mobilization practices gradually became more prominent in my analytical and theoretical memos. As I encountered the literature on organizational routines, I immediately recognized the relevance of this perspective to what I was trying to grasp. I then continued my fieldwork with this in mind. While it did not significantly alter my perspective, because the theme was already present, familiarizing myself with this literature shaped the direction of my research and focused my fieldwork in the sense that, while I was conscious about staying open to other themes and perspectives, I increasingly focused my observations on the role of routines in relation to knowledge mobilization and began to ask participants more detailed questions about the ways in which they organized work.

Table 8 illustrates how the different theoretical lenses and analytical concepts are reflected in the focus of my interviews and observations.

Table 8: Analytical concepts and focus of interview questions and observations

Arena of inquiry	Analytical concept	Focus of interview questions and observations
Organizational field	Theorization	Normative statements and causal explanations relating to the idea of evidence-based practice, views on the role of different types of knowledge in professional practice, reflections on past, present and future developments in the field including actual and ideal roles and practices of different organizational actors, organizing visions
Street-level organizations	Communities of practice	Teams, groups and division of tasks among professionals, cross-professional interaction, differences and similarities in language, perspectives, conflicting views and opinions, stories and metaphors
	Organizational routines	Organizational routines related to the exercise of professional judgment, e.g. meeting structures, participants and their purposes, particularly in relation to deciding on interventions, the role of organizational routines in establishing connections within or across communities of practice, implications of (lack of) connections
	Knowledge mobilization	Prevalence and nature of knowledge mobilization practices especially in relation to the exercise of professional judgment; role of organizational routines and communities of practice in relation to knowledge mobilization practices
	Types of knowledge	The role and relevance of propositional, procedural and personal knowledge; how, when and why different types of knowledge are mobilized in practice

5.3.2 Coding, analysis and interpretation

According to Feldman (1995), the challenges of interpreting qualitative data do not only involve moving beyond mere description, towards explanation, but also to move beyond the pre-established interpretations offered by research participants or other researchers; interpretations that one will often know all too well at this stage of the process:

The difficulty in interpreting qualitative data is not in learning how to create interpretations but in learning how to get away from preestablished interpretations. There are two main sorts of interpretation that are difficult to avoid. One is the interpretation made by people in the setting being studied. The other is interpretations made by other researchers and theorists about phenomena similar to the ones under study. Anyone doing qualitative research will have a great deal of knowledge of both sorts of interpretations. Indeed, this knowledge is essential. It is also essential, however, to be able to move away from this knowledge and to be able to gain new understandings of the phenomena reflected in the data. (Feldman 1995, 64)

To move beyond these pre-established interpretations, one needs to try out different techniques and approach the data in different ways. Below, I provide an account of how I have attempted to do so.

Coding involves categorizing data according to themes and concepts. Codes represent the link between the ‘raw’ data and analytic ideas; they are a way to segment and reorganize data to generate concepts and themes, develop lines of speculation and think more creatively about themes; to “*use the data to think with*” (Coffey and Atkinson 1996, 27). In interpretive research, coding often involves *complication* of data as well as reduction and simplification: Coding is not merely a question of assigning categories to data and pooling disparate extracts concerning similar topics, which can then be explored in more detail; it is also about conceptualizing, raising questions and providing tentative answers (Coffey and Atkinson 1996, 30pp). Misfits, irregularities, contrasts and paradoxes may be as important as recurring patterns, themes and regularities.

Following the principle of abduction, I made use of grounded open-ended approaches to coding, (inspired by grounded theory (e.g. Corbin and Strauss 2008), but not following all the prescriptions of this method), in combination with more deductive approaches, e.g. focusing on specific ideas or theoretical concepts. I continuously moved back and forth between coding and interpretation, exploring “*how codes and categories relate to the original data, to other data, to theoretical ideas, and so forth*” (Coffey and Atkinson 1996, 46). As noted above, all interview transcripts were imported into NVivo, which was used to manage the process. Field notes were re-read several times during the analytical process, as were the analytical memos I produced underway. Some were discarded and others were developed and refined and eventually turned into rich analytical themes, and new memos were created as new ideas, puzzles, insights or connections emerged.

For the field-level analysis, notes and transcripts from the interviews with field-level actors were read and reread to reconstruct participants’ narratives of developments in the field, and concurrently coded thematically. This included identifying different understandings of ‘evidence-based’ versus ‘knowledge-based’ practice and related terms, along with expressions and explanations of changing understandings. I also coded criticism of other actors, worries and aspirations for the future, and paid attention to competing arguments put forward by individual or different participants. The initial themes and analyses, that I constructed from this process, were later revisited and revised, following my analysis of the local organizational data. In this process, I searched for similarities, differences and incongruences in the narratives and perceptions among field- and organizational-level actors (well aware that some participants embodied both roles).

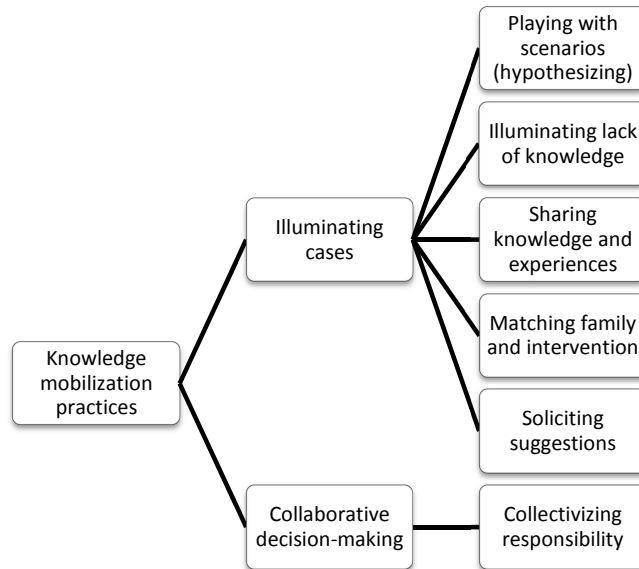
The analysis of the local organizational data took place in several cycles, based on different selections of sources. The first cycle was based on interviews with the administrative leadership and academic staff members in the municipalities, the political representative in Herning, and

service managers and team leaders in the three agencies. I used thematic coding to create an overview of participants' accounts and interpretations of developments and significant shifts in relation to evidence-based practice in the municipalities. A pre-structured case outline (Miles and Huberman 1994, 85) was developed to structure this initial analysis. As noted by Miles and Huberman, using a pre-structured case outline is a way of more quickly providing an overview of the data and can serve as a strong basis for comparative cross-case analysis. However, it does require that the conceptual framework and research questions are fairly well spelled out, familiarity with the setting, and triangulation of different sources and methods, to counter tunnel vision and too early conclusion drawing. All of these prerequisites were deemed present for this part of the analysis.

This process formed the basis for writing descriptive case summaries and initial analyses. First, the coded excerpts concerning the development over time was ordered to form a general timeline of decisions, events and developments as presented by multiple participants, paying close attention to differences as well as general consensus about events and developments. This timeline was used together with the pre-structured case outline to structure an initial descriptive analysis of each case (each comprising 20-25 pages), which formed the basis for the analysis presented in Chapter 6. A 'polished' version of the timeline can be found in Appendix B.

The second cycle of the coding process, which overlapped with the first, included interviews with local managers and team leaders as well as formal and informal interviews with employees and systematically re-reading field notes. The focus was on knowledge mobilization practices and organizational routines and, importantly, the rationales behind these practices and, later, how they – potentially – were connected to field-level developments. For this part, the analysis had a more exploratory character. Therefore, the coding process was more inductive in nature, focusing on understanding what was happening in practice and what appeared to be the matters of concern among participants, in relation to the focus of my research. Realizing that my material was rather overwhelming, I began by coding large chunks of the data into broad overarching themes (e.g. 'knowledge mobilization' and 'organizational routines'), and then engaged in line-by-line coding of the material within each of these themes. Codes were continuously sorted and ordered hierarchically, renamed or merged, as categories and connections became more clear to me (Miles and Huberman 1994, 61pp). An illustration is provided in Figure 7.

Figure 7: Ordering codes – an illustration



The third cycle of analysis focused specifically on organizational routines. Based on the data that had been coded as relating to organizational routines, all the organizational routines that I was able to identify in each of the three agencies were entered into a matrix and described according to the following categories:

- Name of routine
- Content and purpose
- Participants
- Artefacts
- Rationales and considerations
- Prerequisites, complications, disagreements
- Forms and sources of knowledge

Subsequent cross-case comparisons (Miles and Huberman 1994) revolved around similarities and differences between organizational routines in the three agencies and their connection to knowledge mobilization and decision-making. This process generated several new sub-themes, for example: ‘The role of routines in making the right choices’, ‘Balancing formal and informal routines’ and ‘Negotiating and changing routines’. In this process, both old and more recent

analytical and theoretical memos functioned as a means to develop propositions which were then ‘tested’ against the data material, to see whether it was supportive, neutral or contradictory across different sites and situations. Hence, the emerging analytical concepts (such as ‘deliberative organizational routines’, cf. Chapter 8) were subject to several attempts to disqualify them by looking for inconsistencies and contradictory evidence (Miles and Huberman 1994, 74pp; see also Schwartz-Shea and Yanow 2009 who refer to this process as ‘negative case analysis’).

Finally, it is important to note that a large part of the analytical work also takes place during the writing process, what Schwartz-Shea and Yanow (2009) refer to as *textwork*. My initial attempts at ‘writing up’ the analytical chapters were informed by the coding process and the theoretical memos that I generated from this, but the subsequent process of choosing precisely how to present the data also involved additional processes of analyzing and theorizing, and it was only in this process that the pieces eventually fell into place. Therefore, the reader will notice that the relation between the concepts in Figure 7 is presented in a slightly different way in Chapters 7 and 8, while the centrality of these concepts, and the argument that they are closely related, remains unchanged.

5.4 Evaluating interpretive research

In this final section, I will present some reflections on what I consider to be relevant evaluative criteria for interpretive research, and how the research presented here measures up to these criteria.

In their influential article on improving the use of qualitative methods in public administration research, Brower et al. present four recommendations: First, findings must be pushed from description to explanations, by way of “deep coding”; “*that is, to scratch beneath the surface explanations in interviews and everyday conversation*” (Brower, Abolafia, and Carr 2000, 388). Second, data must be gathered through intense engagement with the field, e.g. through interviewing and observing, and should include various settings as well as individuals. Third, the researcher must be theoretically informed and carefully contemplate how research questions relate to extant theory. Further, in order to do theoretically sensitive coding, new theory must be read and considered also during the process of coding and analyzing the data, as this iterative process allows for the range of possible interpretations to grow. Finally, criticality is key: The research must engage backstage perspectives of organizational and administrative life, capturing not only what leaders would want the world to see, but also the emotional life, frustrations, tactics and strategies that unfold as part of everyday organizational life.

In addition to this, the methodological literature presents several strategies that qualitative and interpretive researchers can, and most often do, make use of to enhance the quality of their work and the trustworthiness of their findings (trustworthiness being the ultimate evaluative criteria and interpretive equivalent of the familiar concepts of *validity* and *reliability* (Schwartz-Shea and Yanow 2012)). Among these are thick description, triangulation, member checking, and transparency and reflexivity (e.g. Dahler-Larsen 2003; Schwartz-Shea and Yanow 2009; Tracy 2010). I will address each of these concepts in turn, before returning to the recommendations of Brower and colleagues.

First, thick description (Geertz 1973) is a tricky and often misunderstood concept. According to Schwartz-Shea and Yanow (2009, 59–60), thick description refers to the notion that descriptions of observed places, events, situations, interactions, etc. are presented with *sufficient detail*, conveying that the researcher was actually present and observant enough to allow for interpretation of *meaning*. I will leave it to the reader to judge whether the following analytical chapters present sufficiently thick descriptions.

Second, the study is based on triangulation of both methods and sources of data and theoretical lenses. The notion of triangulation is often taken to imply that one can arrive at a more ‘complete’ picture of a social phenomenon or practice by drawing on a wider range of methods and sources. It is conceived of as a way to get closer to the ‘truth’ about a phenomenon and to avoid the ‘bias’ that might stem from relying on one method or source alone. However, from an interpretive standpoint, exploring a phenomenon or practice from different perspectives, using a variety of methods and sources and theoretical frames, is viewed as a way to increase our understanding in terms of complexity and nuance (Coffey and Atkinson 1996; Tracy 2010).

As noted by Coffey and Atkinson, generic analytic themes can be contrived without reducing the complexity, uncertainties and ambiguities of social phenomena. Using different forms of triangulation can help us to explore different facets and arrive at different, if not necessarily contradictory, conclusions about what is going on: For example, by asking participants about the nature and purpose of different organizational routines, such as meetings, and comparing their answers to how these meetings are performed, I do not expect to arrive at one overarching truth about what ‘really’ goes on in these meetings, or what their ‘true’ purpose is, but to understand how they may function as multiple-purpose spaces, which are perceived differently by different participants, host many different intentions and encompass both functional and symbolic aspects (cf. Chapter 8). Similarly, relying on the narratives of political actors as well as documentary sources helps me gain a more nuanced understanding of the changing theorizations of evidence-based practice and identify some overall developments in the field, without

expecting that all accounts and perspectives will add up neatly or that all the pieces fit will together in one single valid interpretation (cf. Chapter 6) (Coffey and Atkinson 1996, 14–15).

Third, member checking involves checking with members (i.e. research participants or other people in the setting that was studied) whether they are able to recognize the researchers' account of their lived experiences. Again, from an interpretive standpoint, member checking is a way of becoming aware of differences between the researcher's and members' own interpretations. Differences are to be expected and are not necessarily a sign that the researcher did a poor job. It might just as well be that the researcher's access to other members and sources has influenced his or her understanding of events and led to a different contextualization. Or it may be that the research interest is focused on different issues than those which members perceive as immediately relevant, and therefore they might find the findings strange or irrelevant or even incorrect. Accordingly, while some differences might be 'matters of fact', which can be checked and corrected, others are matters of interpretation and must be analyzed and theorized accordingly (Schwartz-Shea and Yanow 2009).

I conducted member checking during my fieldwork by discussing (some of) my initial impressions with participants. After having completed my fieldwork, I published a short article in Danish which presented my first take on field-level developments (A. M. Møller 2017). This provided me with another opportunity for member checking, as several participants let me know that they found the article informative and recognized the developments I described. One was rather skeptical, and while some of the criticism was on point, I also came to realize that it partly stemmed from an expectation of what I was trying to achieve that did not align with my own ambition or epistemological position.

As far as transparency goes, this chapter represents my attempt to create transparency with regards to how I have generated and analyzed my data. I have aspired to live up to the requests presented by Brower et al. with regards to engagement with the field, deep coding and theoretically informed contemplation, and to do so in a reflexive manner. Whether I have succeeded is not for me to judge. The extent to which I meet the criteria of criticality and manage to produce interesting and informative findings will be a topic for discussion in the final chapter (Chapter 9).

6. Theorizing evidence-based practice in Danish child protective services

6.1 Introduction

The analysis presented in this chapter explores how the evidence agenda has been theorized in the field of child protective services in Denmark. The aim of the chapter is to provide an answer to the first of my working questions:

Which ideas about the role of knowledge in professional decision-making can be identified in the field of child protection in Denmark, following the debates over evidence-based practice?

With the purpose of drawing out the changing theorizations of evidence-based practice that has characterized debates and initiatives in the field, the analysis explores how central actors explain both past and current developments regarding the evidence agenda. The analysis is organized as a parallel exploration of concurrent local and national developments: In each section, I zoom in on developments in the two municipalities and then zoom out to consider developments in the field more broadly. This structure serves to underscore that local and field-level developments are recursively intertwined (Nielsen, Mathiassen, and Newell 2014), as local initiatives have influenced national policy-driven initiatives, which have sparked reactions from other actors in the field, and vice versa. A far cry from a top-down linear process, this dynamic has been significant in terms of challenging and changing theorizations and broadening the scope of debates.

The first section describes what I label the *first-generation theorization*, where local and national initiatives and debates focused mainly on the implementation of evidence-based programs. The analysis is based on the *retrospective sense-making* of actors who have been and/or are directly involved in developments. This is based on the notion that uncovering how actors make sense of and seek to explain the past is integral to understanding the present situation in the field. In other words, the aim is not to provide the one ‘true’ story of how the evidence agenda has unfolded in Danish child protective services, but to bring forward the rationales provided by actors to explain the current state of affairs, including their own current and emerging theorizations. I also discuss the extent to which actors’ narratives reflect genuine learning processes and/or strategic positioning, as negotiations over future developments in the field continue.

The second section focuses on more recent developments both locally and nationally. I begin with a detailed analysis of current organizational and professional development initiatives in the

two municipalities and the rationales behind them, in light of the first-generation theorization of the evidence agenda. This part of the analysis points to a *second-generation theorization* which focuses more broadly on ‘knowledge’, as opposed to a more narrow conceptualization of ‘evidence’. In the third section, I connect these local developments to concurrent developments in the field and discuss the concept of ‘knowledge-based practice’, which has emerged as a reflection of changing theorizations. Towards the end of the chapter, I develop the notion of *explicit professionalism* as way of capturing the unifying characteristics across different actors’ use of this rather opaque term. I end the chapter with an overview of the changing roles and practices that different theorizations entail. A timeline of the developments discussed in this chapter can be found in Appendix B.

6.2 First-generation theorization: Implementing evidence-based programs

The idea of evidence-based practice first appeared in Denmark in the late 1990ies (Hansen and Rieper 2010; Jakobsen 2015). In 2002, the Nordic Campbell Centre³¹ was established in Copenhagen to promote evidence-based policy and practice and support the production and dissemination of systematic reviews in the social services. Around the same time, a small group of municipalities, including Herning, took the initiative to implement evidence-based programs in the local child protective services. During the next decade, The National Board of Social Services became increasingly focused on promoting the implementation of evidence-based programs in the other municipalities, and from around 2012, changing Ministers of Social Affairs have repeatedly underscored the need to do “*what works*” (Ellemann 2015; Uddannelses- og Forskningsministeriet 2012).

During these years, advocates of the evidence agenda provided a consistent rationale for the need to promote evidence-based practice in the social services, explaining that the management and delivery of social services presents a persistent predicament: Costs are spiraling, billions are spent every year, but at the same time, there is a lack of certainty and documentation that interventions actually produce the desired outcomes (e.g. Hede 2011; Mandag Morgen 2004; Reiermann 2016). This problem framing was enforced by repeated criticism from the National Audit Office, pointing out the failure of the Ministry of Social Affairs to secure relevant data and rigorous evaluation of its policies and programs (Jakobsen 2015; Rigsrevisionen 2006; Statsrevisorerne and Rigsrevisionen 2016). The evidence agenda is presented by most participants in this

31 The center is a regional representative of the international Campbell Collaboration, which is a sister organization to the Cochrane Collaboration in the field of medicine. The Campbell Collaboration oversees the production of systematic reviews according to strict protocols. The board of the Nordic Centre had members from Norway and Sweden. It was located at The Danish National Centre for Social Research (SFI) and later changed its name to SFI Campbell.

study as a response to this widely recognized *organizational failure*. Thereby, it is generally ascribed with *pragmatic legitimacy* (Greenwood, Suddaby, and Hinings 2002; Nielsen, Mathiesen, and Newell 2014). Before embarking on a more detailed analysis of the current developments in the field (and how they are shaped by the events of the past), I will briefly discuss how the idea of evidence-based practice was initially defined in the Danish context.

6.2.1 A defining moment?

As previously described, the idea of evidence-based practice originated in the field of medicine. Evidence-Based Medicine is generally defined as “*the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients*” (Sackett et al. 1996, 71). In the definition of evidence-based practice provided by the Nordic Campbell Center, which was used in several meetings and presentations, this definition was used as a model, but the latter part was changed to “...*decisions about clients’ well-being*” (e.g. Mandag Morgen 2004). The change is small, but important. First, it broadens the focus from ‘individual patients’ to ‘clients’ (or, in the version most often used by the Nordic Campbell Center, ‘other people’), to ensure a better fit with public service areas besides medicine and health care. Second, it broadens the scope of decisions from *individual* patients to clients/other people in plural. While the original definition indicates that decisions are to be made by professionals involved in the care of the individual patient, the Danish translation does not state directly by whom, or at which organizational level, decisions are to be made, but it does leave out the individual. Further, it is worth noting that the Danish translation of the word well-being (“*velfærd*”) also translates as ‘welfare’. This implies that the decisions, to which the definition refers, are centralized decisions regarding welfare services.

While it might seem like a minor detail, this slight rhetorical change reflects the difference between the two dominant ideal type models of evidence-based practice, which were discussed in Chapter 2: In one model, the *research-based practitioner model*, the individual practitioner must search for relevant evidence on a case-by-case basis and apply this evidence in accordance with his/her professional expertise, the client’s preferences and case-specific circumstances, according to a specific step-by-step decision-making process. This model, often referred to as the ‘original’ model for Evidence-Based Medicine, implies that professionals are capable of accessing, identifying and critically assessing relevant research. In the other ideal type model, the *embedded research model*, the current best evidence forms the basis for centralized decisions about which policy initiatives, programs and guidelines to implement in practice, usually by means of standardization such as detailed manuals, check-lists and reminders, and various enforcing mechanisms such as monitoring and documentation requirements (Nutley, Walter, and Davies 2009; Olsson 2007).

The Danish definition of evidence-based practice clearly leans closer to the embedded research model than to the research-based practitioner model. Yet, the definition itself remains vague regarding some of the most pressing questions underlying the idea of evidence-based practice, namely: What counts as good evidence? What does it mean to ‘use’ evidence? And who is making decisions? As such, the definition left plenty of room for further theorization of roles and practices (Mena and Suddaby 2016) with regards to place of research-based knowledge in public professional practice. It was not given that the initial theorization would entail an understanding of evidence-based practice as equivalent to the implementation of evidence-based programs. Nonetheless, this was, broadly speaking, what happened (see also Hansen and Rieper 2010; Jakobsen 2015).

6.2.2 Herning Municipality: From historical confrontation to celebrated integration

As mentioned, Herning Municipality was one of the first to import and implement evidence-based methods in municipal child protective services. The recently retired Director of the Child and Family Treatment Center (BFC) in Herning explains how, by the end of the 1990ies, the specialized residential institutions in the old Ringkjøbing County, who were also responsible for providing preemptive interventions (cf. Chapter 4), were preoccupied with two trends in family therapy: One was *systemic thinking*, which entailed a holistic perspective on the influence of family patterns and contextual factors on problematic behavior in children and young people, instead of treating behavioral issues in isolation. The other was *brief therapy*, developed in the US. Around the new millennium, central actors heard about an evidence-based program called Multi-Systemic Therapy (MST), and the county sent a delegation to Norway to learn more about the program and the idea of evidence-based practice as such. According to the former Center Director, reactions were clear: “*We want that!*” (Former Center Director, Herning Municipality, November 2016).

Parallel to this development, the Pedagogical-Psychological Team (PPR) in Herning Municipality had grown interested in two evidence-based programs of a more preventive character, namely The Incredible Years (Danish acronym: DUÅ) and Parent Management Training-Oregon (PMTO). In 2004, Herning decided to collaborate with two other municipalities (Holstebro and Ikast-Brande) to implement PMTO, and in 2005 DUÅ followed. At the same time, a financially motivated reorganization meant that family service providers (i.e. preemptive interventions) were relocated from the county to the municipality. This created a synergy effect that boosted developments further. When in 2007 the national structural reform abolished the old counties, reduced the number of municipalities from 271 to 98 and left them in charge of child welfare and child protective services (cf. Chapter 4), the old county institutions became a part of the new Herning Municipality, which thus gained a strong professional environment (this was not

the case in all municipalities). This has most likely been an important circumstance for the developments to follow.

In 2008, Herning Municipality was approached by the National Board of Social Services, who planned to implement another evidence-based program targeting schools (PALS) and asked the three municipalities to join the project. This meant that the evidence agenda was broadened from child protection to education and general child welfare and was influenced by the increasing focus on early prevention and inclusion that dominated policy debates in this area. The administration in the Municipality's Center for Children and Prevention (CBF) succeeded in convincing politicians that increasing the focus on early prevention presented a new way of dealing with the increasing expenses in child protection and social services in general. The initiative was named *Break the Curve* [*Knæk Kurven*] and is described by central actors as a turning point, which forged a strong alliance between the administration and the politicians, and shaped developments for years to come. According to the Chair of the Children and Youth Committee, an important prerequisite for this alliance was the administration's ability to translate the professional reasoning behind the evidence-based programs and the focus on prevention into financial terms. They did this by producing 'business cases', which outlined the expected gains from the required investment in program implementation; a strategy hitherto unheard of in social and child protective services at the time.

The former Agency Director, who is identified by participants as the main entrepreneur behind the change, describes the rationale for embracing the evidence agenda as a matter of countering "a century" of accelerating costs in child protection services without satisfactory results to show for it; cf. the tale of the organizational failure in the field. Similarly, the Chair of the Children and Youth Committee (who was also the Chair then) explains the rationale behind *Break the Curve* as follows:

(...) there is no use in continuing down the road that we are going, because we can see that it does not work. For example, in the specialized area [i.e. child protection], we had not found the solution, it just became more and more and more expensive, right? We spent tons of money. So you could say, we did not have ... we needed to think differently. (Head of the Children and Youth Committee, Herning, December 2016)

The administration and politicians agreed that investing in the implementation of evidence-based methods presented a promising way forward. In the years to come, the municipality continued to implement more evidence-based programs. Today, it offers just about all known "letter programs", as they are often called (referring to the acronyms), ranging from relatively unobtrusive preventive measures to intensive and complex treatment programs (CBL and CBF 2015). The former agency director finds that the methods have had a "contagious" effect on the

entire organization with regards to acknowledging the importance of systematic documentation, evaluation and feedback. Other participants underscore that, due to the evidence agenda's focus on outcomes, it has now become acceptable, also among professionals, to discuss the costs of interventions relative to their effects: "*It is acceptable to say that this service area costs a fortune, and that we need to come up with new ways to do it better and cheaper*" (Program Leader, Herning Municipality, December 2015). During my fieldwork, this assessment was substantiated by a noticeable orientation towards financial aspects in for example team leaders' meetings and discussions among district managers.

However, the process was not without obstacles. While the pragmatic legitimacy of the idea of evidence-based practice is delivered by most participants as self-evident, it took a much greater toll to create the level of moral legitimacy that the evidence agenda enjoys in the municipality today. The Director of the Child and Family Treatment Center (BFC), who was involved from the very beginning, describes the implementation of evidence-based methods as a "*historical confrontation*" with traditional practice. Professionally, the change consisted in replacing a pedagogical focus on relations, where therapists compensated for parents' lacking abilities to care for their children, with "*a realistic view as to what we could change*" (Center Director, Family and Child Treatment Center Herning). This involved the setting of *clear goals*, which were to be reached within a *limited time frame*; both of which the Director characterizes as "*un-thinkable*" only 10 years ago. Another central aspect is the involvement of the child or young person's *personal network*.

The implementation of evidence-based programs was not only a challenge to established ways of working, but also to the knowledge on which they were based. The former agency director explains how he found that traditional practice was based on "*gut-feelings*" [*maveførmelse*] and "*opinions*" [*synsninger*] as opposed to "*knowledge*"; a characteristic which is often paraphrased by other participants in the municipality during interviews. Accordingly, he underscores that the intention was not to abolish professional autonomy and discretion with regards to the choice of methods as such, but to confront professionals' autonomy to work "*without any method*". Nonetheless, the initiative was met with massive resistance from professionals, and especially the professional associations, who generally saw the evidence agenda and the standardized evidence-based programs as precisely an attack on their professional autonomy and discretion [*metodefrihed*].

Looking back, the Director of the Family and Child Treatment Center (BFC) characterizes the early years as "*hard*" and highlights the important role that the National Board of Social Services played in supporting the municipality's efforts and advancing the evidence agenda in general, for example by arranging networking activities such as conferences, where those involved

could meet with like-minded people and exchange experiences. The former Agency Director characterizes the approach as “*probably a little tough*”, but corrects himself to say that it was “*an okay way to get started*”. However, he and other participants remain puzzled by the massive resistance and the fact that, even today, they notice a widespread skepticism regarding the ambition to increase the role of evidence as a basis for social work practice. They underscore that such a skepticism no longer exists in Herning Municipality but among other actors in the field, for example the university colleges. The Program Leader sums up the current state of affairs as follows:

In many municipalities, people have sat there with a giant ‘*no-hat*’³² on their heads (...) we [in Herning Municipality] are not there at all where people are thinking about ‘dog training programs’³³ at all. You [i.e. the social workers] acknowledge that these are some programs that we have here in Herning, they are on the palette, and we use them when it is relevant. (Program Leader, Herning Municipality, December 2015)

Moving around the organization, the evidence-based programs are generally recognized by participants as valuable and appear fully integrated in the array of interventions provided by the agency. The City Hall regularly hosts an ‘Evidence Fair’ [*Evidensmesse*] to showcase the selection of programs available from both internal and external service providers, as new ones are regularly added. Today, the former Agency Director is very satisfied with the current state of affairs: “*What was unthinkable some years ago is natural today*”, he states, and later concludes: “*It was damned tough the first years, but today, we have arrived!*” (Former Agency Director, November 2016).

32 The “no-hat” is a common figure of speech in the Danish public debate which is used to characterize people with a negative and pessimistic attitude towards change; in contrast, people with a constructive and optimistic attitude may be described as wearing the “yes-hat”.

33 Critical voices often refer to the manualized evidence-based programs as equivalent to “dog training programs” [*hundetræningsprogrammer*], which do not require professional expertise, and, it is implied, are also not fit for humans.

We, the casework coordinator and I, make our way upstairs to the evidence fair and walk into a wall of sound; “yakety-yak” (“knævren”) as one of the caseworkers calls it. Tables are lined up against the wall and I note the abundance of colorful posters and laminated sheets with arrows, figures and smiley faces spread out everywhere. I recognize several names and acronyms: MST, DUÅ, PMTO, ART, FFT, KEEP, Cool Kids, Stepping Stones, Mind my Mind, and several signs saying ‘Herning Model’. I engage in a conversation with one of the presenters at the MST booth. She tells me in an enthusiastic voice that “it is really a great way to work!”. They get feedback all the time, she says, and there is a consultant in the US, because it is American. It can be a little heavy sometimes, she adds. She tells me more about the program, including how they have experimented with expanding the target group, and she feels like this was always implicit in the program, even if it is not stated in the manual. After a while, I make my way to the Service Manager in charge of the psychologists across the four districts. He smiles and asks me what I think. I say that I know many of the programs from research; that this is very colorful, very visual in comparison. He nods and smiles, “that is how they can understand it”, he says. It is quite different from the articles and forest plots that I have seen before, I say with a smile. He smiles back and picks up a laminated sheet with the title 10 steps and a picture of a ladder printed on it. “Yes, and then it becomes something like this!”. (Field notes, Herning Municipality, September 2016)



6.2.3 Copenhagen Municipality: From reluctant embrace to a marriage of opposites

While Herning Municipality was among the first-movers in the field, Copenhagen Municipality was more reluctant to embrace the evidence agenda and only did so years after Herning, along with the two other municipalities, had begun to implement the first evidence-based programs. In Copenhagen Municipality, the request to implement the programs was made by the local politicians. As such, it contrasted with the mostly locally initiated and practice-driven professional development that, according to participants, otherwise characterizes the municipality – whereas the politicians usually stick to deciding on visions and overall strategies, without specifying the details of their realization. However, there was a perception among central staff members that Copenhagen Municipality was lagging behind Herning and its companion municipalities in Western Denmark:

Consultant 1: I thought, when I visited them over there, 'Damn, they are running fast here!', right? And I don't know, I mean, it does matter (...) It was something about 'We need to have that', I mean, 'Copenhagen Municipality should not... (Consultant 2 breaks in: ...not not have it!) (Group interview, professional development consultants, Copenhagen Municipality, January 2016)

The decision to implement evidence-based programs followed an ambitious four-year long project called *The Family in Focus* (*Familien i Centrum*, 2006-2009), during which the municipality had focused on implementing a general approach inspired by an approach called *Solution-Focused Brief Therapy*³⁴ and related ideas and tools, most notably *Signs of Safety*³⁵. According to one participant, this project represented the municipality's first strategic effort to direct which social work methods were to be used across the local agencies. Until then, the municipality – like most others – primarily made use of “at-home” family therapists [“*hjemme-hos'ere*”], who were considered part of the organization, but mainly worked on their own. A Service Manager describes it as follows:

There wasn't really a structure around the work that was happening, in the way that there is now. It was more, I think, it has perhaps been more intuitive for many, or somewhat random, depending on which treatment background, educational background, they had. (Service Manager, Copenhagen, October 2016)

The rationale behind *The Family in Focus*-project, as described in the project evaluation report, has a familiar ring to it: Despite growing political, professional and public attention and a consistent increase in spending, many years of providing intensive efforts to support children at risk had not delivered satisfactory results. This was deemed professionally and financially unac-

34 http://www.sfbta.org/about_sfbt.html

35 <https://www.signsofsafety.net/signs-of-safety/>

ceptable, and so there was an acknowledged need to think and act differently (Sørensen 2009, 11). Importantly, however, the chosen approach was rooted in a fundamentally constructionist meta-theoretical framework, which I will not reiterate in any detail at this point, safe to say that its basic assumptions about the nature of social problems – and their solutions – are quite different from the positivist/empiricist orientation that underpins the evidence agenda. This significantly influenced the way that the latter was received and interpreted by professionals, and still does so today.

The Family in Focus-project officially ended in 2009. Actors who had been closely involved in the project were hired as academic staff members in the child protection agency with the purpose of sustaining the implementation of the solution-focused approach and the Signs of Safety method in all districts. Meanwhile, as described above, the National Board of Social Services along with Herning Municipality and a few others were busy implementing evidence-based programs, and the politicians in Copenhagen decided to make it a strategic goal that the municipality should offer more evidence-based programs to its citizens. Consequently, the academic staff members were asked to implement PMTO and DUÅ, which were being heavily promoted by the National Board of Social Services, while it was decided that the more complex and intensive program MST would be commissioned externally.

Different participants present somewhat different perceptions of these events. The academic staff member in charge (who is now a local service manager) explains that she undertook the task with a great deal of reluctance; primarily because the underlying methodological paradigm was in such stark contrast to the constructionist systemic thinking that they had worked so hard to implement:

[The evidence-based programs] belong to the way of thinking I was referring to before, more of a medical way of understanding how problems are solved. It is not very *dynamic* to give what equals to a therapeutic pill to someone. It is not ... there is not so much movement in that. You have to follow a manual, you have to, there are some things you need to do, no matter who is in front of you, you need to go through the same themes. And you figure out who should get this therapeutic pill based on criteria of how the child appears or reacts, right? So, based on that, I thought: 'Oh no, do I have to do *that* now? Well, okay then, perhaps I will make a good public servant' [as opposed to a good social work professional] (Service Manager, Copenhagen, October 2016)

Other academic staff members express similar concerns, but apparently did not pick up on this kind of reservation from those in charge of the implementation project. Referring to the Service Manager cited above, one of the consultants reflect:

I think, if I had sat there, in that position, I would not have been equally determined. I thought it was a really good initiative, really, but I think I would have had different thoughts, I would have been more careful (...) I would have gone more directly to the National Board of Social Services with regards to, ‘well, how does this match up with our solution-focused offset, and could it clash?’ (...) I think I would have been more skeptical than [the service manager] was. (Professional development consultant, Copenhagen, January 2016)

The consultant continues to explain that, in the beginning, i.e. around 2009, there was quite a lot of resistance among employees. Another participant remembers that many referred to the evidence-based programs as ‘dog training programs’ and perceived them as a very rigid way of working, while a third participant recalls how other professionals reacted with doubt, along the lines of “*oh, can we now put families in boxes, and demand that they should follow a program, is that okay?*”. Professionals did not volunteer but were requested to participate in training to learn the programs.

Despite this reluctance to commit to the new agenda, participants today find that many have, over time, become “*super happy*” with the evidence-based methods. A coordinator explains that one of the reasons for this is that they were very good at finding families who matched the programs, but also that they actually succeeded in closing down many cases, following a PMTO or DUÅ program. This required a bit of “*playfulness*” and “*openness*”, to explore aspects that did not make sense and perhaps adjust the program accordingly (clearly challenging the ideal of rigorous implementation). Consequently, according to the coordinator, “*everybody has the experience that it works*” (note the word ‘experience’). The Service Manager in charge of the implementation has a similar perception:

Once we got started, I could tell that the family therapists who joined the course, that perhaps eight out of ten were like: ‘damn, this is awesome, it provides my work with some direction, which means that I cannot be anywhere in my sessions with these parents, I need to be just about here, and there is still room for me to adjust the specific session. I still need my therapeutic experience and my conversational techniques and my methods to engage the parents to cooperate’ (Service manager, Copenhagen, October 2016)

She goes on to reflect on the practical (if not methodological) compatibility between the evidence-based programs and the systemic solution-focused approach:

The solution-focused is more of a *framework* that tells you that there are places on the map where you should *not go*, but there is no... the map is created together with the citizen. In PMTO and DUÅ and FFT and all kinds of other programs, there is already a

line that you need to follow (...). So, in that way I changed my mind, I think, from thinking ‘No, I don’t want to do that, it is completely against the solution-focused thinking’, to saying, ‘well, if it works’, and to be pragmatic about it and say, ‘if it works, then that’s great, because that’s the purpose’. So, the method is just a means to an end, and then it doesn’t matter how you get there, as long as you reach the goal. (Service manager, Copenhagen, October 2016)

In the following years, the municipality implemented most of the evidence-based methods promoted by the National Board of Social Services, as well as a program called Functional Family Therapy (FFT) that some staff members heard about during a training course in Sweden. It was decided to implement FFT rather than MST (which was promoted by the National Board of Social Services), partly due to the costs of running MST, and partly due to the fact that MST became the subject of a controversy regarding the transferability of its documented effects to a Nordic welfare state context, where, among others, researchers from The Danish National Centre for Social Research (SFI) publicly questioned the program’s evidence base (Deding, Bengtsson, and Jakobsen 2012). One of the professional development consultants points out that there was a clear financial aspect to the decision to implement FFT, as the programs function as an alternative to both the traditional “*pizza-kebab contact person*”³⁶ and out-of-home placements. Like other evidence-based programs, it places responsibility for the child firmly with the parents rather than professionals.

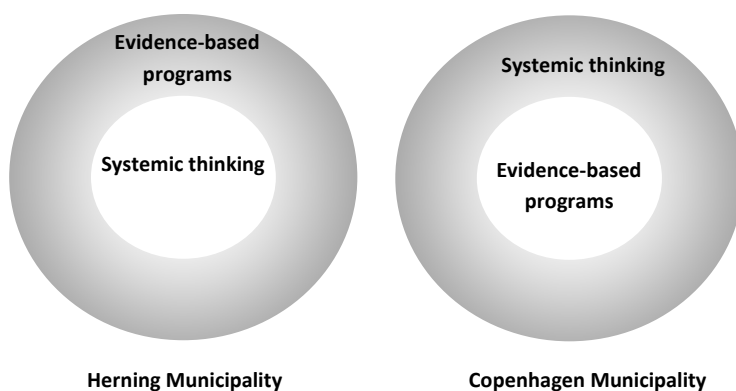
In sum, the idea of evidence-based practice was reproduced in Copenhagen Municipality according to the then-prevailing theorization in the field, which prescribed the implementation of standardized evidence-based programs. However, the previous commitment of the organization and participants to the systemic solution-focused approach surpassed their commitment to the evidence-based programs, and so the latter came to be ‘embedded’ within the first. There is no doubt in the minds of participants that the solution-focused approach still is, and should be, the foundation for all professional work in the agency:

The entire theoretical framework [i.e. the solution-focused and systemic approach] has influenced how we work with the evidence-based programs. Because all members are trained, solution-focused trained, and that means that they have the solution-focused, that value foundation, and all the questions that come with that package become – and I can tell when I watch them on video and things like that – they bring that into it, when they work with the evidence-based programs. (Professional development consultant, Copenhagen, January 2016)

36 A (professionally trained) contact person is a common preventive intervention for young people at risk.

A metaphor provided by one of the local service managers is illustrative of the place of evidence-based programs in Copenhagen: Reflecting on past and recent developments in the municipality regarding professional methods, frameworks and programs, he characterizes the standardized evidence-based programs as one of many branches on a tree, whereas the solution-focused approach is the trunk. Figure 8 presents a simple illustration of the relative place of evidence-based programs in Herning and Copenhagen Municipalities (notably, individual evidence-based programs may draw on the same kind of systemic and solution-focused thinking that underpins the general approach to child protective work in Copenhagen Municipality):

Figure 8: The relative place of evidence-based programs in the two municipalities



6.2.4 Field-level developments: “Standing in the middle of a paradigm shift”?

Alongside these developments in the municipalities, efforts to promote the evidence agenda in the field continued. In 2010, as part of a large child protection services reform, The National Board of Social Services launched a web-based knowledge portal with the purpose of disseminating the best available knowledge about vulnerable children and youth to practitioners. In 2012, this initiative was followed by a *Knowledge Declaration* tool³⁷. The purpose of the tool is to guide municipalities to make decisions about the implementation of a given intervention or methods, by explicating what is known about its effects, implementation, costs, etc. In the same year, the then-Agency Director of Herning Municipality was presented with an honorary award from the Danish National Centre for Social Research (SFI) for his work to promote the use of research in practice. But developments were slow. Despite the enthusiasm in Herning Municipality, and the decisions of a few likeminded others to go ahead and implement evidence-based

37 <http://socialstyrelsen.dk/filer/tvaergaende/socialstyrelsens-viden/socialstyrelsens-vidensdeklaration.pdf>

programs, municipalities were generally reluctant to embrace the evidence agenda, and contestations of evidence-based practice were still abundant.

Many criticized the programs for curtailing professional discretion, and for requiring that citizens fit into narrow ‘boxes’ (target groups) dictated by the programs, as opposed to tailoring interventions to each citizen’s unique situation.³⁸ Other contestations were directed against the aforementioned ‘evidence hierarchy’ and its ranking of the value of different research designs in terms of producing valid knowledge (Krogstrup 2011; Rieper and Hansen 2007). The evidence hierarchy carried the message that traditional professional methods were of little value, and potentially harmful, because they were not backed by rigorous evidence (Mandag Morgen 2004). The hierarchical ordering of research designs was therefore perceived as an attack at both municipalities, the professionals and their associations, as well as the majority of the social work research community, which had no tradition for conducting experimental research, and hence were regarded by evidence advocates as not contributing to the production of evidence (Ejrnæs 2016; Jakobsen 2015). On a more practical note, many municipalities found the evidence-based programs too costly to implement and operate.

In 2012, a consultancy report from Rambøll Management created renewed stir in the field, claiming that systematically implementing four (partly evidence-based) programs in the municipalities (including MST and DUÅ) could save DKK 2.5 billion or 5 % of the total national expenditures to socially disadvantaged citizens. As described above, financial concerns had been a driver of the evidence agenda from the very beginning (Jakobsen 2015), but the Rambøll Management report brought this aspect to the fore in the public debate. Both its methods and conclusions were contested publicly by researchers from the Danish National Centre for Social Research (cf. above), but, according to both national and local participants, it still had a significant impact on the field and especially politicians.

The year after, in 2013, the National Board of Social Services launched the *Methods Dissemination Program*, a DKK 280 million investment (approx. EUR 37.6 million) to promote the implementation of six specific evidence-based methods in the municipalities. The Board also issued an *Evidence Policy*³⁹ calling for future program evaluations to answer three questions: Does it work? What does it cost? How do we implement it? The policy document presented the

38 These observations stem from the several practitioner conferences I attended during this time, along with interviews and documentary material collected for this project, and from a research project conducted in 2012 to evaluate The National Board of Social Services’ Knowledge Portal. The findings from the latter are reported in a confidential evaluation report and two academic articles (Hjelmar and Møller 2015; Hjelmar, Møller, and Graulund 2015).

39 <http://socialstyrelsen.dk/filer/tvaergaende/socialstyrelsens-viden/viden-til-gavn-politik-for-udvikling-og-anvendelse-af-evidens.pdf>

ambition to create a ‘data warehouse’ containing comprehensive data about social problems and target groups and related interventions, including information about their effect, cost and implementation, to enable national and local data-driven decision-making. (The illustration of the three-dimensional archive is reminiscent of a Rubik’s Cube and was generally referred to as such by the former Vice Director).

In the same year, Local Governments Denmark (KL) joined the conversation and for the first time took an active stance, as they issued a social policy strategy which urged all municipalities to invest in cost-effective methods and to systematically evaluate and document outcomes (KL 2013, 12). The strategy is described by a representative as the association’s definitive break with a longstanding tradition in Danish social policy, known as ‘letting the thousand flowers blossom’, i.e. an arms-length approach, where politicians allocate money for local experimentation, largely free from restrictions, in the hope that new innovative methods will flourish. The principle is often seen as an expression of municipal *and* professional autonomy. KL’s new strategy is described by the participants as an attempt to decouple the two: To insist on the importance of municipal autonomy from the state, while encouraging municipalities to place stronger demands on professionals. This ‘decoupling strategy’ allowed the municipalities to curtail the professional autonomy of its street-level professionals, without (symbolically) surrendering their political autonomy vis-à-vis the state.

However, in the following years, the association continued to underscore the importance of local practice development based on professional experience and expertise (e.g. Wiis, 2015), and were increasingly attacked for not implementing evidence-based programs. This development reached a culmination in 2015, when the then-Vice Director of National Board of Social Services gave an interview to a leading weekly magazine and major evidence advocate, with the headline stating that “*Billions are spend in the blind*” (Reiermann and Andersen 2015). The interview problematized the fact that only 10 % of interventions used in municipal social services could be characterized as evidence-based. Local Governments Denmark was called to react fiercely. A press release from the Chairman stated that “*The National Board of Social Services need to turn up the evidence themselves* [in Danish: “selv skrue op for evidensen”], *before accusing the municipalities for wasting money on undocumented methods in social services.*” (Adelskov 2015).

Notably, the interview and ensuing debate also made an impression – and caused frustration – locally, and the notion that “billions are spend in the blind” continues to haunt debates in the field, exemplified by one of the participants in Herning Municipality:

What was it they said on television the other day, this thing about, we pour 40 billion in-
to an area without knowing if it works, right? Isn’t that what they are saying these days?

Of course, it makes an... it is a consideration that I bring with me, when you work in that area. (...) As a social worker, you are concerned with, well, are we doing something that works (...) most people who enter this profession, they do so with a desire to do something that works for others, so there is no desire to instigate expensive interventions that do *not* work, right? (...) They don't do it just to pour money out of the window, right? (Casework coordinator, Herning Municipality, December 2015, 0:40)

Shortly after the public dispute, the Vice Director moved on to another job, and The National Board of Social Services later issued an apologetic report, which resulted in the following statement from Local Government Denmark's Chairman of the Social and Health Policy Committee (8 April 2015):

We are standing in the middle of a paradigm shift in the municipalities, where we need to use interventions with documented effects to a much larger degree than is the case today. Accordingly, we should not base our decisions on gut-feelings, but on research and knowledge. But knowledge does not have to be grand evidence-based research, it can also be practice-near research, which supports the development that is already happening in the municipalities. I am pleased that the National Board of Social Services and the Minister agrees with us on this. (Thomsen, 2015; translated from Danish)

The statement clearly illustrates the contested development of the evidence agenda at this time: It has clearly had a profound impact on the field, to the extent that the municipalities find themselves "*standing in the middle of a paradigm shift*". But while the Chairman accepts the basic premise of the evidence agenda and has even adopted the language of evidence advocates in his use of the word "gut-feelings", he refuses to embrace the dominant theorization of evidence-based practice wholeheartedly and celebrates that prevailing understandings of what counts as good evidence have been successfully challenged (at least on a discursive level).

6.2.5 The past in the present: Reflections on the first-generation theorization

The general view among political actors today is that the massive efforts to promote the implementation of evidence-based programs were partly misguided, and only partially led to any valuable change. They offer different explanations for this. Some are, retrospectively, highly critical of the fact that the theorization of evidence-based practice to begin with was narrowly focused on evidence-based programs. The idea of choosing a select few methods and promote them heavily, while ignoring other issues and target groups⁴⁰, is retrospectively characterized by another policy actor as "*fantasy*", which reflected a misguided belief that it is only a matter of

40 The evidence-based programs were almost all cognitive-behavioral interventions targeting children or young people with behavioral problems and/or their parents

time before we are able to “*map out everything and then just pull solutions off the shelves*”. Looking back, the former Director of the National Board of Social Services describes the chosen strategy – to import a range of evidence-based programs from the US and promote their implementation in Danish municipalities – as a “*desperate*” act; one that he, along with several others, eventually came to see as unproductive:

It took a year and a half [as Director of the Board] before I could see that the import of evidence, I am calling it our ‘three-letter programs now’ (...), I have begun to challenge that approach and say that I basically do not believe in it. I do not believe that we will get 130,000 social workers to work in a different way by pouring something on them that they have had no part in deciding from the beginning, and then send a corps of evaluators out to measure and assess, and then leave. We must turn it upside down. (Former Director, National Board of Social Services, February 2016)

Several participants present similar accounts, stating that they themselves and/or other actors in the field have become wiser. Many problematize the lack of reflection in the Board over the possibilities of transferring standardized programs from one national and cultural context to another, specifically from the US to the Danish welfare state context (see also Høgsbro 2011; Skytte 2013). Others suggest that there was a mismatch between many of the programs and the professional norms and service standards that traditionally guide Danish social work. These issues were, according to the participants, not taken seriously enough.

For example, the current Vice Director of the National Board of Social Services points to the importance of cultural barriers and names the issue of “*importing American programs*” as one of the main reasons for the failure, concluding that “*the implementation challenges have been bigger, I think, than what was hoped for, back when this movement was initiated.*”, she points specifically to the clash with extant professional practices and identities:

When this agenda was rolled out, we encountered a lot of resistance. Both with the professional associations, with the professionals and broadly in the practice field (...) [Municipal Child Protective Agency Directors] have told us that, ‘we see that you have some good results’ [in terms of outcomes] (...) but, to engage in a battle to implement something that makes different demands on the way you work, to put people in a situation where perhaps they feel that their existing professionalism is questioned, these things have been a barrier that has been greater to us, I think, than was imagined when they [i.e. the original entrepreneurs] ventured down that road. (Vice Director, National Board of Social Services, January 2017)

Several participants thus construct a causal explanation of developments, where the first-generation theorization of evidence-based practice has played a crucial role in dashing the ex-

pectations embedded in the agenda. According to these participants, the chosen approach led to the alienation of many professionals and other potential allies and left the municipalities with little incentive to promote the evidence agenda and implement the costly evidence-based programs. Others add that the early years were characterized by a regular “*bashing*” of professionals, underscored by evidence advocates’ use of terms such as ‘gut-feelings’ and ‘opinions’ to characterize traditional practice, as opposed to a practice based on explicit scientific knowledge. This is viewed as having contributed to the creation of a “*false contradiction*”, as one of the participants calls it, between ‘good’ (valuable) and ‘bad’ (invaluable) knowledge. These participants argue that there is now a need to rebuild confidence in professional expertise and to focus on professional development in general: “...*to believe in our own abilities and in our professions but based on knowledge that also comes from research*”, as the former Director of SFI Campbell phrases it.

Importantly, not all participants recognize this level of confrontation and conflict. But, in retrospect, most participants agree that the resistance against the evidence agenda surpassed the expectations of its advocates, and that initial hopes of a radical change have been somewhat disappointed. As the current Vice Director of the National Board of Social Services phrases it, “*we [the political actors in the field] have all had a range of concrete, practical experiences...*”. In other words, the initial theorization is retrospectively regarded by many as having hampered the possibilities of adjusting the idea to prevailing *normative prescriptions* in the field, including professional norms and identities, norms and standards of the social work research community and the autonomy of the municipalities with regards to the management of social services. Consequently, attempts at ascribing *moral legitimacy* (Greenwood, Suddaby, and Hinings 2002; Nielsen, Mathiassen, and Newell 2014) to the idea initially failed. Today, some consider the very word ‘evidence’ to be a barrier to establishing a sensible dialogue across the field; a notion to which we will return below.

Meanwhile, some participants also point out that they find the resistance somewhat unreasonable. While they agree that there has been a necessary learning process, the enduring resistance from parts of the social work research community, university colleges and professional associations is described by one political actor as “*incredibly strong*” and “*backwards looking*”, while another characterizes it as “*tiresome*” and “*immature*”. Some argue that important aspects of the evidence agenda have been misunderstood and misrepresented; for example, that the evidence-based programs came to be portrayed as much more of a threat to professional autonomy than they actually are. The current Vice Director of the National Board of Social Services emphasize that the programs cannot *replace* but indeed *depend* on a high level of professional expertise:

And I also think, in reality, there has been a lot of myths about the letter programs [i.e. the evidence-based programs] in the field of child protection, about the manual-based, it has created some associations with regards to, that you could just, as a professional, leave your brain on a shelf at home and then go to work and just do what the manual said. And if you come just a little bit closer to reality and know the programs, then you can say, there is actually a quite substantial element of professional discretion (...) You need a high level of professionalism, before you are really capable of unfolding them. Because you need to be able to explicate your own method and approach, regarding how you see the work. (Vice Director, National Board of Social Services, January 2017)

Several participants also note that the conflict level seems to have decreased in recent years. For example, the former Director of the Ministry of Social Affairs, who is now Administrative Director of the Social Services Department in Copenhagen Municipality, finds that “*it has been a very value-laden battle field, and a symbolic struggle, and it is less so now*”. In her view, there has been two concurrent developments, where the field has “*gotten more used to the concept of evidence*” and all municipalities have embraced it “*on some level*”, while the Ministry has also nuanced its understanding of evidence accordingly. A representative of The Association of Municipal Directors of Social Services describes the current state of affairs as follows:

The professional organizations and the development of the professions are moving in the direction that it is relevant to talk about generalizable knowledge and how to support the element of knowledge in our interventions (...) It is my experience that it [i.e. evidence-based practice] has settled and is being talked about and integrated into the educational programs. Its language and terms are being used with ease (...) The professions are taking it in more, after it has been decoupled and met with resistance. (Board Member, The Association of Municipal Directors of Social Services, November 2015)

This perception is also found among representatives from the professional associations. The National Association of Social Pedagogues (*SL*) officially chose to embrace the agenda already in 2006; a decision which resulted in a heated debate among members. But, eventually, their communication efforts, which highlighted the potential of the evidence agenda to increase the status and legitimacy of the profession, led to a broad acceptance among members (Konnerup and Michelsen 2011). Today, the association runs a web-based *knowledge bank* for their members and presents itself on its official website as taking a “*constructive and knowledge-based approach*” to promoting the profession and its contribution to society.⁴¹

Likewise, the Danish Association of Social Workers (*Dansk Socialrådgiverforening*) have increasingly taken what they also label as a “*constructive*” stance towards the evidence agenda.

41 <http://sl.dk/om-os/fakta-om-os/>

The evidence agenda is characterized by the Vice President as *“a mirror that was held in front of our profession: ‘what are you doing?’”* (Vice President, The Danish Association of Social Workers, May 2015). Today, he describes the agenda as a positive development, in that it forced social workers to explicate the nature of their work and the professional knowledge base that underpins it. In 2015, the Danish Social Workers Association launched a strategic project with the aim of uncovering other actors’ positions with regards to the *“knowledge agenda”*, as the association has chosen to label it, and carve out a position of their own (Poulsen and Barkholt 2015; see also Barkholt 2015). The Vice President notes with satisfaction that, while they as a professional association have chosen to engage in the debate in a constructive way, other actors have simultaneously grown less *“rigid”* in their approach. He also points out that, despite the controversies, there has never been disagreement among actors in the field regarding the end goal: to increase positive outcomes for citizens. This, he underscores, should not be taken for granted.

In sum, the general attitude among participants is that all actors in the field have been through a learning process. Many point to developments and emerging re-theorizations of the role of research-based knowledge in practice, which, in their opinion, signal that the field is beginning to move beyond the controversies of the past and towards a more unifying agenda.

6.3 Second-generation theorizations: From evidence to knowledge

Alongside the field-level developments outlined above, practical experiences have furthered alternative theorizations locally. Academic staff members in both municipalities observe that the interest in evidence-based programs as such is currently fading, while a broader interest in research-based knowledge, and other aspects of professional practice besides interventions, is growing. In this section, I will discuss recent developments in the two municipalities and the rationales behind them, before returning to the concurrent developments in the field.

6.3.1 Herning Municipality: Restructuring the organization

Participants in Herning Municipality explain how, over the years, it became increasingly clear that the evidence-based programs only addressed a limited aspect of child protection work, namely the delivery of interventions. Other aspects, i.e. reacting to notifications of concern, investigating cases, establishing the need and grounds for an intervention, clarifying goals and deciding on appropriate measures, all within the boundaries legislative frameworks and regulations (cf. Chapter 4), were not addressed by the evidence-based programs. Realizing that case-work was an important part of service delivery, the municipality eventually decided to invest in an ambitious pilot project, inspired by studies of practice in a Swedish municipality (Mathiasen,

Madsen, and Eriksen 2012). The researcher responsible for these studies was hired by the former Agency Director as a Program Leader, and a new practice model was developed in the form of a pilot project known as ‘The Swedish Program’, which began in 2013. Following an optimistic midterm evaluation in 2015, it was decided to cut short what was initially supposed to be a four-year long pilot phase and implement the new practice model in all districts already from 2016, under the name *Herningmodellen*. The Program Leader is responsible for the implementation process.

This new model could easily be interpreted as a separate or parallel development, isolated from the evidence agenda, yet several participants underscore that it would be a mistake to do so. In their efforts to communicate the new model to the rest of the staff, the Program Leader and professional development consultants created an image of three ships with each their cargo, which come together in the new model. One of these ships carry the evidence-based programs. Consultants view the “contagious effects” that these programs have presumably had on the organization (cf. above) as a prerequisite for the feasibility of the current model. The new model is presented by participants as research-based or more commonly, as “*knowledge-based*”. The Program Leader explains how this label is well-deserved for several reasons: First, the development of the new model was informed by theories of change based on research-based knowledge about child welfare, about for example risk and protective factors and the importance of schooling.⁴² Second, continuous efforts have been made to explicate and document new practices and routines in a workbook that is regularly updated. Third, monitoring data is collected, and the model has also been evaluated by external consultants.

In short, the model involves hiring many more caseworkers in order to decrease caseloads (down from 35-40 to 20-25 per caseworker) and hence allow for more time for investigations and more frequent follow-ups.⁴³ The model also abolishes all specialization into teams, which has long been the norm in child protection services (cf. Chapter 4). Instead, the individual social worker is responsible for the entire family (if more than one child has a case file), from the beginning until the case is closed. These measures are meant to decrease past practices of “*putting out fires*” and “*over-intervening*” (i.e. instigating more comprehensive – and more expensive – interventions than necessary). According to participants, these practices used to be common, because of caseworkers’ lack of time to follow up on cases. One of the central elements of the model is the so-called *Steps of Intervention* (in Danish: *Indsatstrappen*), where interventions are ranged according to their comprehensiveness. It is a tool to help caseworkers provide the right (level of) intervention at the right time, no more and no less, to prevent the escalation of prob-

42 A description of the model, including a broad range of sources and evaluation reports can be found on the municipality’s website: www.herningmodellen.herning.dk (in Danish).

43 This is well below the average across municipalities (Dansk Socialrådgiverforening 2014).

lems, and then scale down as soon as the situation improves, so that the child can live his or her life as close to ‘normal’ as possible.

A prerequisite for accomplishing this is a radical restructuring of the organization, to foster cross-professional collaboration, mainly between caseworkers and professionals working in preventive care. The agency has therefore been restructured into a matrix organization, where professional groups have been mixed and divided according to geographical areas. Caseworkers, psychologists, family nurses and others are now physically located together in four areas, covering four separate districts. The service manager of each district is also the leader of all members of a specific professional group across districts.⁴⁴ An important part of this restructuring process is the establishment of formalized meeting routines with the purpose of creating venues for knowledge sharing within and across professional groups. Besides enabling more preventive interventions, cross-professional collaboration is believed to support professional development, as it requires professionals to develop a common language and explicate their professional knowledge and reasoning to others with different professional backgrounds (we will return to this ambition below).

The new model has attracted attention across the field, broadly confirming the municipality’s position as a frontrunner. Several municipalities have visited to learn more, and the diffusion and reproduction of the model in other municipalities is currently supported by the National Board of Social Services and closely monitored by the Danish Association of Social Workers, who generally speak in favor of its main elements (but warn against implementing it less than wholeheartedly). Participants in Herning Municipality describe how the attention from other actors in the field, which was massive already in the pilot phase, has nurtured their professional identity and ambition and spurred developments, by continuously forcing them to explicate and document new practices:

It is actually also a way to make it knowledge-based, because every time we stand and tell others about it, we also become aware of what it really is that we are doing, so there has been a kind of big awareness process in that we have had to deliver, so many, uh, documentation and results (...) That is also a way to build up knowledge. (Casework coordinator, group interview, Herning Municipality, December 2015)

One caseworker explained to me that the new model has restored her sense of professional pride, which she initially found to be completely missing, as she first began working in the field; most of all because she feels that this new way of working allows her to do a “*proper*

44 E.g. the service manager for district South is also the professional leader of all caseworkers in both South, North, East and West, while the service manager for district North is also the professional leader of psychologists in all four districts.

job” (Caseworker, group interview, Herning Municipality, December 2015). Yet, not all professionals have wanted to be a part of these developments. Just like the implementation of the evidence-based programs caused some to leave, this has also been the case with Herningmodellen.

Restoring the role of professional judgment – within the organizational mindset

Participants explain that the development of Herningmodellen reflects their experience that the evidence agenda has a blind spot when it comes to one of the most important tasks of child protection agencies, and professional practice in general; namely defining the problem and securing the right match between the citizen and the intervention. Having a broad range of evidence-based programs or other methods to choose from does not alleviate the complex task of figuring out what the problem is, and which form of intervention is feasible in a specific case. Both the Program Leader and the Agency Director problematize the narrow focus on RCTs that they have sometimes encountered among evidence advocates in the field and emphasize the need to build on a range of other sources. This view is reflected in the new model. Most importantly, according to participants, the new practice model brings renewed attention to the process of professional reasoning and decision-making that precede interventions (and which, as we shall see in the following chapters, do not end when the intervention begins):

Where I think it is sometimes misunderstood, this thing with using evidence-based, knowledge-based, it is that you go directly from ‘Here is a 10-year old boy, who is alone, and his dad is in prison, well then he needs package 27.5’. (...) I think it’s important to understand that you need great professionals, because this boy’s world is totally complex, so you need to say: ‘Okay, considering all this complexity, what am I going to do first? And then what, and then what.’ So, it’s not about automatization and things like that. I do not think so at all. But I do think that, instead of letting your emotions and your opinions [synsninger] run off with you, then you need to go in and make that judgment of, what is really the child’s situation right now, and what am I going to initiate? (...) Because the art is to begin with the specific situation, and that requires a strong professionalism and a competent person who can understand what is at play. And then you need to know: ‘Okay, I have all these options, can any of them be used? And I know that there is evidence or knowledge behind, so those are the ones that I draw on. (Agency Director, Herning Municipality, September 2016)

In other words, the new model shifts attention from the nature and quality of the knowledge that underpins interventions, to the exercise of professional judgment that is considered integral to professional work. It also shifts attention from service providers to caseworkers and re-labels caseworkers as *social workers*⁴⁵, emphasizing that they are to take on a more comprehensive

45 [In Danish: “Socialrådgivere” instead of “sagsbehandlere”]. In Copenhagen, everyone uses the term “case-workers”.

role, and not merely act as administrators who process cases from behind their desks (in a conversation between caseworkers, one of them is teased by the others for having never left the office to actually meet with a family prior to the current organizational restructuring). Professionals welcome this development, noting that their ability to exercise judgment would often go unrecognized before:

In the beginning, I was sometimes a little bit in the red [*oppe i det røde felt*] over, how it was always underestimated what caseworkers can actually judge, because I also think that, well, there is both a professional and theoretical background for what you do, it is not opinions [*synsninger*] all of it, it is not like we hold up our finger and think ‘I feel like MST today’ (Casework coordinator, group interview, Herning Municipality, December 2015)

The caseworkers’ new role, however, also comes with new demands, as the individual caseworker is now responsible for all parts of the casework routine, from the initial investigation to the choice and follow-up on interventions. At the same time, specialization regarding age groups has also been abolished. This means that the individual caseworker often finds herself lacking relevant knowledge and therefore in need of consulting with other professionals.

While the Agency Director emphasizes the importance of professional judgment, he concurrently points to the necessity of delimiting the complexity of the task and the role of the organization and management in this matter. One way of decreasing complexity is by limiting professionals’ choices to a limited range of (evidence-based) programs and guiding orientations (e.g. focus on schooling). Essentially, the Agency Director argues, professionals need a new understanding of what it means to be professional. Rather than adhering to traditional professional standards, for example to always deliver the best possible service, they must take into account the organizational, financial and political circumstances of their task:

You simply need to understand yourself in a different way, because there has been this understanding, for example a nurse, that ‘if I can do all of these things, and I meet a citizen with some problems, then I could do a lot for him, but I do not have the time’, and then you become frustrated, and then you don’t think that it’s fair. And we also have that thing, that we should ‘do what is best for the citizen’. And we should *not* (...) for what is ‘the best’? Is that to buy him a Ferrari, or a summer house down South? There is something about the way you understand professionalism. (Agency Director, Herning Municipality, October 2015)

This argumentation is reminiscent of the discussion on the romanticized ideal of occupational professionalism versus new forms of organizational or hybrid professionalism in the sociological literature on public professions (e.g. Noordegraaf 2015) (cf. Chapter 2). According to the

Director, an important part of this new professionalism is the feeling that you are a part of something and not working as an individual. In his view, one of the major changes that has followed from the past decades' debates about evidence is the increased focus on systematic approaches, transparency and documentation, which involve a confrontation with the "*private practicing*" professionals of the past. In an informal conversation during my third visit, the Director explains to me that he spends a lot of time coaching professionals to perceive of themselves as a professional football team at work: They should imagine themselves gathering in the dressing room every morning to put on their uniform, and when they change their clothes at the end of the day, they are off duty. This is reminiscent of what he explained to me in an interview the year before:

We do a lot to move it [the work] from the individual person to something common, and that is also what I'm thinking that the knowledge-based and evidence-based thinking does: it does so that it's the *common* [knowledge or approach] we work with, and not, the individual. (...) [Professionals] come with each their expert knowledge. And because we work like: 'This is how we do it in Herning Municipality, because we know that it works, that is what we are committed to', that makes it easier to be an employee. (Agency Director, Herning Municipality, October 2015)

The fact that the *organization* has decided to focus on specific methods and approaches means that professionals have a standard against which to measure their work and know when they have done what was expected of them. This, in the Agency Director's opinion, counters the imminent risk of frustration and emotional entrapment that can be the result of feeling inadequate (and which, according to the street-level literature, will likely lead to decidedly unprofessional coping strategies (Lipsky 2010)). Complicating these efforts, however, is the realization that "what works" today may be deemed less effective tomorrow. As the Agency Director points out, new knowledge can appear every day to challenge yesterday's facts. In his view, the evidence agenda has therefore necessarily evolved towards a more pragmatic understanding, which to some extent incorporates this uncertainty. It is no longer like in the old days, "*where one could say 'do you have any evidence for that?', and then that would be the end of that discussion.*". However, because of this inherent uncertainty, it becomes all the more important for management to make the choice to *believe* in something and point out the direction from there.

From evidence-based programs to effective elements

Spurred by the implementation of the new model, participants are currently preoccupied with "*trimming*" the array of interventions offered by service providers, including evidence-based programs. There are several explanations: First, an increased focus on prevention is expected to result in a decreased need for more comprehensive interventions. Second, it is a general wish

that all interventions align with the fundamental approach to child protection work that is embedded in *Herningmodellen*, referred to by participants as the new “*mindset*”. Third, interventions should supplement each other, so that two different service providers do not offer similar programs. Fourth, financial concerns and renewed requests from the political leadership to cut down on expenses play a prominent role: the evidence-based programs are both expensive in each case and costly to run in general, due to comprehensive certification and supervision requirements. Moreover, they often place strong demands on citizens’ cognitive skills and time and are thus not a good fit for everyone.

The latter realization is presented as resulting from the strengthening of professional judgment in the new practice model. Due to the lower caseload, there is more time to investigate, which means that professionals are now better equipped to make judgments about the right match. Additionally, the more frequent follow-ups make it easier to generate in-depth knowledge of the case and continuously adjust the type and intensity of intervention. This means that professionals have begun to request more flexible interventions, which can be better tailored to the citizen’s unique situation. During an informal conversation between meetings, one of the casework coordinators shares her reflections on the evidence-programs with me: Emphasizing that the programs are “*really great*”, and that they have meant a lot for the development of knowledge-based practice, she explains that it can become “*a bit too much*” and elaborates: “*We [the caseworkers] sometimes had the experience that we had to make our citizens fit into the service providers’ ‘evidence box’ to get a good offer. That is no good.*”. A similar perception is presented by the Program Leader:

It is complex factors and curly families (...) and it is not always that we can fit it into the MST box, or that we can fit it into this or that box (...) We need to have all kinds of cool interventions, but we should never become so rigid that we are not either trying to invent something new, or bring some things together in an odd way, right? (Program Leader in group interview with Agency Director, Herning Municipality, October 2015)

These reflections are clearly reminiscent of the often-heard critique from critics of the evidence agenda, which characterized debates in the field during the early years, namely that the evidence-based programs are too rigid and do not take the unique circumstances of each case into account (cf. above). Several participants describe how, after many years of focusing on rigorous implementation of programs (aiming for fidelity rather than flexibility), they have now reached a different understanding of the evidence-based programs. Where they used to be viewed as unassailable packages, they are now approached as consisting of a few “*effective elements*” which are essentially responsible for the produced effects, while the rest of the manualized contents are “*fillers*” that are mostly reflective of e.g. cultural norms (the metaphor being that of a

medical pill with a few active ingredients). The ideal now is therefore to extract these effective elements and combine them in new ways to create more flexible (and less costly) interventions, which can be tailored to the individual case.⁴⁶

The Evidence Consultant, who is responsible for the implementation of evidence-based programs across the Center for Children and Prevention (CBF), and the former Director of the Child and Family Treatment Center (BFC) both talk enthusiastically about a new approach from Norway, where a modular concept is the basis for planning individual programs instead of offering a fixed concept to all families. They agree that this is the future, here in the words of the consultant:

I think developments will flow in this direction, that we will see more, both concepts that fulfil that aspect, but of course we also see employees who are so experienced by now, that they can use elements from several different concepts [i.e. programs] that we already have. So, I think that will be the new approach that we will see onwards (Evidence Consultant in group interview with program leader, Herning Municipality September 2016).

This ambition is welcomed by professionals. Acknowledging that the standardized evidence-based programs can be effective in some cases, one caseworker mentions that they are perhaps especially useful when working conditions are stressful and there is a lack of time to tailor interventions to the individual citizen, emphasizing that they are fundamentally external to professional knowledge:

This about the evidence-based, I am thinking ‘that is probably good for some’ [Case-work coordinator interrupts: “For about 70 % or something”]. Yes, and acknowledging that our profession is under extreme pressure, and that you are enormously busy, then it is very practical that you can take something off the shelf, but it is not something that we, as caseworkers or as a profession, has had any part in developing. Someone sat somewhere and did that. (Caseworker, group interview, Herning Municipality, December 2015)

Still, despite these recent developments and the changing attitudes towards the evidence-based programs, central actors agree that the “*tough road*” taken in the early years, focusing on the rigorous implementation of evidence-based programs, has been an important prerequisite for the development of the new model and the ambition that characterizes the municipality today. The former Agency Director sums up the past decades as follows:

46 The tailoring can also be carried out on the organizational level. For example, the professional development consultant explains how the new program for the municipality’s schools is based on a combination of PALS and a different model called the LP-model (which is based on systemic thinking).

For us, it has been a journey from opinions [*synsninger*], to American, English, Norwegian programs, to a more nuanced perspective of what is needed, but still with the ambition that it should be as knowledge-based, as research-based as possible (...) It is to be expected, when you do something like that, you will receive some criticism, but what we have experienced is that our employees have become more skilled, more professional and better at working together (...) If we look at what we measure, everything indicates that this is now a reasonable way forward. (Former Agency Director, Herning Municipality, November 2016)

Producing practice-based evidence

Finally, it is currently a pressing ambition in Herning to develop and implement a tool for systematically measuring progression in individual cases. While the Program Leader makes a point of acknowledging the current evaluative efforts of professionals, as they follow up on cases in person and fill out case files, she and the Evidence Consultant agree that more systematic feedback is needed, to support development in general, and especially to support a more flexible module-based approach to interventions, where such feedback will be crucial when determining the combination of modules in each particular case. Besides this instrumental function, the two academic staff members also point out that this kind of feedback is experienced by professionals as extremely motivating. Further, the Program Leader envisions that if progress could be monitored, this would allow management to set professionals free to experiment (following a management-by-objectives logic, where professionals are held accountable to their results but are free to choose methods; what Lipsky and others have deemed near impossible in street-level work, cf. Chapter 2).

The ambition to produce practice-based evidence and secure standardized administrative data for management and motivation purposes is explained by the Program Leader as a matter of taking the evidence agenda forward, focusing on local organizational development. Her reflection on the agency's ambitions for the future broadly mirrors both past and current developments in the field:

One thing is that we should stand on evidence [as in: 'stand on the shoulder of giants'], whatever that is – and I would say that you should opt for the broad understanding, that evidence is many things, or that we should definitely stand on knowledge (...) – but we also need to become better at producing knowledge, and that is where I think we are lagging behind, and I know that many municipalities... that we do not have good systematic evaluation elements integrated, not well enough anyway, and I think that is a shame. The part about taking knowledge into the organization, we are getting pretty good at that, right? But to produce evidence on the tail-end of that (...) We will never be ultimately wise, and that is why we need that continuous evaluation, that 'well, perhaps this program was brilliant in a different context, but it doesn't really seem to work here',

and we cannot know, that is what we need to follow up and refine. (Program leader, Herning Municipality, December 2015)

Pursuing this ambition, a working group has been formed to explore the potentials of a Swedish tool with the acronym ESTER; a structured interview guide, which can be used in investigations as well as evaluation of progression, and results in qualitative statements as well as standardized scores. The ambition to implement ESTER points to the somewhat volatile status of professional judgment, compared with the codified knowledge provided by objectivized test scores, as is visible in the following excerpt from a group interview with the Program Leader, a coordinator and a caseworker:

Casework coordinator: There have been sometimes in the beginning, I was like (...): ‘Listen, the caseworkers are actually those who are out on a first hand to evaluate: ‘is this okay?’ And ‘is there actually progress for these children?’ Otherwise we should damn well better be doing something else...

Program leader: [Agrees wholeheartedly] I remember, one day you really opened our eyes: ‘Honestly, you talk like we do not measure wellbeing at all, and we damn well do that every time!’ (...) For why else is it that we are running around out there? It is because we are trying to figure out how it is going’. And I thought that was really cool, because it quickly becomes like, then there is some knowledge that trickles down from some letter program [i.e. an evidence-based program], or some research, and then that trickles down to practice (...)

Casework coordinator: (...) There are so many good practitioners who daily produce enormously important knowledge, it is just not written down in [is interrupted by the caseworker: “We do research every day!”]

Program leader: Yes, precisely, only it is not written down. Well, it is even written in the case files, but, and that is the irony, we even have it on record, it is just not so easy to extract... (Group interview, Herning Municipality, December 2015)

The conversation reveals the impact of the evidence agenda in the argumentation provided by the casework coordinator in defense of professional judgment and demonstrates the program leader’s sympathy towards professionals’ perspective. But it also reveals the trouble with the knowledge generated by professionals and communicated in case files in prose, namely that it is “*not so easy to extract*”, mainly because it is not *quantified*. In the first meeting of the ESTER working group, one of the participants (a professional) explains that the manual specifies precisely how to translate the answers from the structured interview into a number – two people should reach the same result – and concludes: “*So it is not opinions*”. In this way, the tool is essentially a means of objectivizing the subjective nature of professional judgment, to make it

more manageable and alleviate what Molander and Grimen called “*the burdens of discretion*”; i.e. that professionals are likely to reach different conclusions regarding the same case, because there will always be conflicting goals and values, which cannot be realized simultaneously (Molander and Grimen 2010, 183) (cf. Chapter 2).

In sum, Herning Municipality has moved from enthusiastic implementation of evidence-based programs, which involved a radical confrontation with skeptical professionals, to focusing on improving other aspects of child protection practice, based a broader orientation towards research-based knowledge. This has led to the development of Herningmodellen. Participants argue that the new practice model directly improves the conditions for exercising professional judgment by lowering caseloads and enabling caseworkers to spend more time on individual cases. At the same time, however, the model increases the demands on professional knowledge due to the concurrent de-specialization and requests that all professionals engage in cross-professional collaboration which forces them to explicate their reasoning. Further development of tools that can assist professionals in explicating their reasoning, and document citizens’ progress in the form of numbers, is a main concern. Core components of the model – i.e. the evidence-based programs and the research-informed tools and heuristics that have been developed by academic staff members and external consultants – are integrated into a common *organizational mindset*. Thus, while the new model enhances professional judgment, is simultaneously bounds it in very specific ways.

6.3.2 Copenhagen Municipality: Standardization and local experimentation

In Copenhagen, posters listing all evidence-based programs offered by the municipality decorate the walls of both local agencies, shelves and window sills display folders with instructions for Functional Family Treatment (FFT), and diplomas of certification in TheraPlay and The Incredible Years (DUÅ) are pinned to notice boards in the family therapists’ open office space. In other words, evidence-based programs here too appear to have become part and parcel of daily work. However, talking to participants in interviews and more informally, it becomes clear that the evidence-based programs do not enjoy any *special* status compared to other forms of interventions. They are considered relevant, but are not necessarily expected to work better, or produce greater effects, than other methods.

The Service Manager (a trained psychologist), who was in charge for the implementation of PMTO and other programs, describes her attitude towards the programs as “*pragmatic*” and explains that the positive effects of the programs that have been demonstrated in randomized controlled trials are only possible to achieve, because researchers select very narrow target groups. As a municipality, there is no sorting citizens, and so it is unrealistic to obtain a success

rate similar to the effects reported in clinical trials. Moreover, what really matters, according to the Service Manager, is finding the right match between family, therapist and method. *All* interventions must be delivered competently and persuasively by dedicated professionals to make a difference, and one must be willing to change one's approach, if it is not working. It follows that no program is automatically better than others. Based on these reflections, the scientific rationality that undergirds the evidence-based programs and the constructionist solution-focused approach are easily combined in practice:

The theoretical, or the *paradigm*, it speaks from is different, but that does not have to matter in practice, because what you need to look at is not where you are coming from, but how it works. What is the effect? And if, and that is where I have ended up being very pragmatic like this: If you treat people properly, and they end up getting the help they need, well bless that! Then I do not give a damn how it happens, as long as it happens as fast as possible, so we do not waste their time. (Service manager, Copenhagen Municipality, October 2016)

This view is also reflected among participants in daily practice. In discussions among social workers and coordinators about how to approach a given case, evidence-based programs are generally mentioned alongside 'non-evidence-based' forms of intervention and no explicit mention is made of the probability that this or that program is more effective than another, according to the evidence. Instead, participants focus on goals and discuss whether progress has been made, if there is a need to try something else, and how long they are willing to wait to see the required change (I will return to the nature of these discussions in Chapter 7 and 8).

Both academic staff members, service managers and social workers agree with the view that success is first and foremost a matter of matching method and citizen. For some citizens, the highly structured and sometimes cognitively demanding manualized programs is a good fit, for others it is not. The same goes for therapists; some thrive with having a detailed 'road map' to guide their work, others do not. A professional development consultant, who is a trained psychologist and currently part of the academic staff, but used to work as a family therapist with the evidence-based program FFT, explains:

It is also about what kind of competences you have as an employee, because obviously, such a structured framework speaks very much to the way in which *I* like to work, but I also have colleagues who thought it was achingly demanding and actually stopped, because they could not *be* in it. It was a much too rigid framework, right? So it is very much about the preferences you have as an employee, I think, whether it makes sense or not (Professional development consultant, Copenhagen Municipality, January 2016)

Participants generally believe that it is essential that the municipality offers a wide range of different types of interventions, as this increases the chances of a good match. In accordance with these views, evidence-based programs are used in a flexible manner: Service managers and coordinators generally encourage professionals to share and borrow elements from the evidence-based programs and use them in combination with other approaches. They are not bound by considerations of fidelity (i.e. the understanding that one needs to strictly follow the manual to reap the benefits of the programs). Much to the contrary, the flexible sharing and use of different methods is viewed as one of the positive side effects of the evidence agenda, as well-tested components from the evidence-based programs “*rub off*” on professionals’ practices in general. Tools or exercises that stem from specific programs, but are experienced as meaningful in general, e.g. specific ways of talking with parents about boundary setting, are readily applied as part of different approaches, therapists may deliver a “*light version*” of FFT, etc. However, it needs to be balanced:

I think we could become much better at being more fluent, or being more generous with one’s, with the effective elements of the method you have, without compromising the stringency there is, because it should not become so fluent that you lose your orientation on the map and just flutter around like that (Service manager, Copenhagen, October 2016)

One of the professional development consultants emphasizes that the evidence-based programs *are* different, because the certification requirement means that you continuously must submit written documentation and video material to receive supervision. Hence, there is an in-build guarantee and *quality assurance*, in that you are held *accountable* and actually doing what you are supposed to do. This is not the case with the solution-focused approach and the Signs of Safety method, which is one of the reasons why the academic staff members are continuously engaged in supporting their implementation in practice, through repeated courses and training sessions. Academic staff members thus point to the methodical stringency and requirements to document actions and follow up frequently as some of the most valuable elements of the evidence-based programs. As in Herning, they also find that these elements have ‘contagious effects’ on practice in general:

I definitely think it has resulted in a change in the sense that you [as a social worker] are very professionally grounded in practice today, compared to what you have been earlier. You don’t just go out and practice social work for the sake of social work itself; there is clearly a strategy to what the professional offset is (...) You do not just run around handing out Cokes and kebabs for the sake of it, you might say. So, I think that some of what has become very clear to me is that professionalism has been lifted up, and that is perhaps some of what the knowledge-based has brought along, that you have become

even more clear about, that we need to do a good job, and we need to have a proper professional offset for what we do. (Professional development consultant, Copenhagen Municipality, January 2016)

The academic staff members argue that an important factor is that service managers generally have come to expect more, and demand more systematic approaches from their employees, regardless of which particular method they work with. On a different note, one of the service managers tells me that his employees have indeed become preoccupied with demonstrating the effects of their methods, but that their motivation for doing this is to avoid being forced to work with the evidence-based programs. In other words, the evidence-based programs have spurred professionals to justify the relevance and effectiveness of alternative approaches.

Organizing professionalism to deal with complexity

Due to the pragmatic approach to the evidence-based programs, and the intertwinement with the solution-focused approach, it is difficult for to distinguish the influence of one versus the other. However, participants agree that the knowledge base for professional work in the municipality is generally much stronger now than it was 10-15 years ago, and that this is due to both initiatives. According to the Agency Director, the past two decades have been characterized by significant developments, where professionals have gone from an identity as “*private-practicing social workers*” to seeing themselves as part of an organization, where results are created in collaboration with colleagues and citizens. This involves working more reflectively and systematically.

According to the Director’s assessment, it is especially within the past five years that efforts to integrate research-based knowledge in the municipality’s child protection services have been successful. She finds that today, employees are aware that the agency works according to certain methods and a certain way of thinking about social work. She also finds that both professionals and service managers are preoccupied with ‘what works’. While the solution-focused approach provides a common foundation, she highlights the agency’s psychologists, and psychological research in general, as an important source of professional knowledge and inspiration. In her opinion, the evidence-based programs have contributed to the framing of social work and provided a starting point for learning how to work more goal-oriented with the families. This has laid down a single track for the work in the agency, where there used to be several.

Another ambition behind this development, according to the Agency Director, has been to offer the employees some concrete tools to deal with the complex problems they face. In this perspective, the evidence-based programs function as a form of continuing education, providing

program-specific training, but also more general tools to deal with the complexity that characterizes the work. In the Agency Director's perspective, the role of management is to support professionals and provide them with tools to navigate this complexity:

When you meet families with very complex, social problems, there will often be some sort of transfer to the organization, so that the organization also comes to think of itself as very complex. And if you couple those two things, and there is not some sort of prioritizing or awareness about, what is your task as a professional in this collaboration with the family, then chaos will mark the work (...) For me, it is about helping managers and employees to systematize their work, to help them see what it is that they need to focus on, in that we have some landmarks that we work from (...) [This] creates a different surplus in terms of not becoming overinvolved in the family's problems and come to see yourself as a part of that, but to continuously be in the family and step out in the periphery and watch and analyze what is happening, and then take a different offset regarding the kind of support you instigate, in relation to what you have analyzed. And I think that the employees throughout the later years have gained more and more tools that help them to take a more systematic approach (...) (Agency Director, Copenhagen Municipality, October 2016)

The need to support professionals in this way follows from the fact that most employees come as generalists with a broad pedagogical or social work education; even the academically educated psychologists are generalists when it comes to child protection. Therefore, the agency has a responsibility to contribute to their professional development and specialization. Consequently, all newly employed professionals are requested to participate in an introductory course, where 2-3 days are dedicated to introducing the solution-focused approach, how to work with clear goals, etc. Over time, employees may be offered additional formal education, e.g. a special diploma in child protective work. Most importantly, everyone should receive close professional supervision and on-the-job-training to help them understand their role and tasks in light of organizational standards, goals and priorities and what is considered legitimate professional knowledge:

For casework, we very often recruit newly educated, and they are, as I said, generalists, and they need a more experienced professional who will go in and support them and have a dialogue with them about, what makes most sense here? What are we supposed to do? What are we not supposed to do? What are the priorities we make? What can we actually offer? What do we know creates a good effect in regard to different problems in the family? (Agency Director, Copenhagen Municipality, October 2016)

A similar perspective is presented by higher-level management, namely the Administrative Director of the Department of Social Services. Her view on the evidence agenda is fundamentally

a matter of increasing the professionalization of social work, by increasing the quality of its professional knowledge base, to decrease complexity and enable professionals to see similarities between cases:

It is progress for social work, because it is an incredibly huge responsibility and commitment, you take on, when we enter a vulnerable family's life (...), and the more certain knowledge you can base that work on, the more satisfactory it is for all parties in the process. It does not remove the dilemmas and conflicts and the difficulties of the situation in any way, you cannot. In that sense, the critics are right, that social work is also characterized by the fact that every situation is unique in its own way, but I just think, when in that unique situation there is still something research-based that you can base your approach on, then you can perhaps reduce complexity a bit (...) It will also be there, but you can continuously become better at handling it. (Former Director of the Ministry of Social Affairs and Social Services Director in Copenhagen Municipality, October 2016)

There is a striking similarity between the Agency Director's and the Social Services Director's perspective and the perspective provided by the Agency Director in Herning Municipality, who also describes the need for employees to move from *private practice* to an *organizational identity*, and to become less *involved* and more *professional* in relation to families. Notably, being 'professional' implies that you are able to keep a certain distance, analyze the situation systematically, and prioritize between different possibilities, taking *organizational* standards (and limitations) into account. The evidence-based programs help professionals systematize and prioritize their work and counter the risk of over-involvement. As such, they are viewed by all the Directors as tools for *increasing professionalization*, in the sense outlined here, rather than as means to decrease it.

Evidence, expertise and local innovation

Notably, the Director of Social Services in Copenhagen Municipality is also the former Director of the Ministry of Social Affairs, where she played a central role in the development of the national strategy for the development of social services, including the implementation of evidence-based programs. She points out that Copenhagen Municipality has a special responsibility in terms of moving the field forward, by implementing, testing and evaluating new programs and innovations, and hereby contribute to the production of knowledge in the field. Reflecting on the past decades' developments regarding the evidence-based programs, she emphasizes the importance of testing new programs that are imported from other countries in a Danish context. As noted above, this theme has been central to the debates. Her remark can thus be interpreted as indicative of the field-level learning that has occurred because of this. I will return to this below.

Another point of attention for the Director is the scaling, diffusion and financing of extant programs in the municipality, so that the types of interventions offered actually match the need of citizens. This concern is as relevant for locally developed interventions as it is for evidence-based programs. The Director finds it natural that a municipality the size of Copenhagen engages in local innovation and program development. What is central is that approaches are explicated and described in detail, as a prerequisite for subsequent diffusion. Based on these reflections, she sums up an understanding of what she calls ‘knowledge-based practice’, which encompasses two elements, echoing classic understandings of organizational learning (March 1991): First, the organization must continuously *explore* relevant knowledge, including evidence-based programs and tools, outside of its boundaries and utilize it in appropriate manners. Second, the organization must become better at *exploiting* the knowledge that exists in the local agencies and institutions; i.e. to identify, document and evaluate local innovations based on the experience and expertise of professionals. An important reason for doing this, according to the Director, is the general lack of robust evidence in social work. Since the organization has already implemented most existing evidence-based programs, the need to create ‘practice-based evidence’ from the bottom-up is imminent.

Both the Agency Director and academic staff members present similar reflections on this issue. The Head of Office for Results and Quality Development explains how their main tasks is to support professionals in developing a *reflective* practice, and to do this in a pragmatic manner, which means not setting the bar too high when it comes to assessing useful tools and methods: Not everything needs to be evaluated according to the highest standards, i.e. randomized controlled trials, in order to be valuable. The orientation is also reflected in the tasks of a new central unit called *Knowledge in Action* (*Viden i Anvendelse, VIA*), which was established in 2014. VIA’s tasks range from quick sparring sessions with local managers to grand collaborative development projects, as for example a current partnership with the Danish National Centre for Social Research (SFI) to implement and evaluate a tool called Feedback Informed Treatment (FIT). The consultants explain how part of their job is also to “*demystify*” the debate about knowledge and evidence, and “*that you do not need to work with evidence-based programs everywhere and always*”; other forms of knowledge are also valued. (Group interview, Consultants, VIA, Copenhagen Municipality, October 2015).

A recent project involved mapping so-called “*knowledge practices*”, i.e. the (non-)use of standardized programs and methods across local service providers. According to the consultants, the mapping demonstrated a “*giant span*”, covering everything from “*complete freedom of method*” over multi-method-approaches to a “*completely rigid use (...) of manualized programs*”. Reflecting on these results, the consultants agree that “*the time of evidence*” has certainly left its mark on practice, and also note that some of the evidence-based programs, such as DUÅ, are

completely integrated in child protection services today. But, they also point out a significant change, in that today it is *legitimate* to question whether evidence-based programs are always a good solution. Their own mission statement does not mention the word evidence, which they explain as follows:

Well, we are past that now, right, I mean, we are not, we do not work evidence-based, it is not the only right thing to work evidence-based. It is no longer the trend, and that is also reflected in our work. (Consultant, VIA, Copenhagen Municipality, October 2015)

That ‘the time of evidence’ is, if not over, then at least accompanied by a broader orientation, is also apparent in a new ambitious professional development project in the agency called *Close to the Family* (*Tæt på Familien*). The program is inspired by the same sources as *Herningmodellen*, but revolves around employee-driven innovation and experimentation. The Program Leader explicitly pits the program against previous attempts (in Copenhagen and elsewhere) to achieve organizational and professional change through the implementation of standardized evidence-based programs:

The way we have approached this is not by saying: ‘Well, we have these five evidence-based programs that we will implement’ (...) We have approached this in an experimental manner and have asked our social workers [*pædagoger og socialrådgivere*], whom we want to cooperate with the families, ‘What will it take for this to work? What do your experiences tell you? What kind of challenges are you experiencing in practice today? And how could we solve that from your perspective? And remember also to involve some families and young people in the development, in the reflections on the developmental work.’ And that is a somewhat different way than when you as an organization go out and say: ‘Well, we know that this and that method works, and we need to use those when we instigate an intervention in the family.’ (Program Leader, Copenhagen Municipality, March 2016)

The Program Leader later describes how social work in these years face conflicting demands from two diverging trends: On the one hand, professionals are asked to standardize and document as much as possible and focus on achieving results, while on the other hand they are encouraged to experiment and innovate and collaborate closely with citizens to come up with new solutions. It is a constant balancing act, which is also recognized by the Social Services Director:

That balancing act, as I told you before, I think everywhere, you will have realized that we need to work knowledge-based, and we need to use the evidence-based programs that are there (...) But at the same time we have a movement in the direction that we want to try to become even better at making the citizen’s experience of the situation the

starting point, and create flexible interventions adjusted to the concrete situation and the individual family, to fit *them*, instead of ‘well, we have three types of residential care institutions, so you need to fit into one of those boxes’, because we also have the experience that it does not work when we do that. And those two things can be difficult to fit together. You want to use more evidence-based methods, which will often be more structured, but you also want to become more flexible and adjust the intervention to the specific situation and family (...) It is difficult for us to make those two movements that we are in, and need to be in, fit together. (Former Director of the Ministry of Social Affairs and Social Services Director in Copenhagen Municipality, October 2016)

In sum, the developments in Copenhagen Municipality present a rather different story than what we have seen in Herning. While Herning quickly positioned itself as a frontrunner, Copenhagen was much more reluctant to embrace the evidence agenda and has done so in a very different manner. Part of the explanation for this is the foregoing managerial decision to implement the systemic solution-focused approach as a shared methodological framework for all child protection workers. When politicians pushed for the agency to adopt the evidence-based programs promoted by The National Board of Social Services, following the example of Herning Municipality and its companions, this was initially perceived as a request that ran counter to this engagement, which had required years of human resource and financial investments in organization-wide training programs. This resulted in widespread skepticism, which was likely reinforced by the clash in methodological foundations. Eventually, however, practical experience led many to change their minds.

Today, Copenhagen has implemented almost all evidence-based programs available, but the programs are clearly embedded in the methodological framework of the systemic solution-focused approach; representing a kind of methodological paradox. Though they represent an organizational response to a political request brought on by normative pressures in the field, the programs are viewed as having contributed directly to increasing professionalization. As in Herning Municipality, participants emphasize the structured ways of working and the continuous feedback as essential aspects of the evidence-based programs, which represent both a means of specialization and a way of dealing with complexity. The latter is crucial, given the lack of specialized knowledge and experience that characterize many professionals, who come to work in child protective services. Still, participants emphasize the importance of other sources of professional and practice development and point to the need to recognize and value local experimentation and innovation. The organization is thus engaged in a constant balancing act of navigating the inherent tensions between the systemic solution-focused approach and the evidence agenda, between local innovation and experimentation and requests to do ‘what works’.

6.4 Current developments in the field: Emerging re-theorizations

So far, the analysis has shown how several actors point to the initial failure to theorize evidence-based practice in a manner that instilled the idea with moral legitimacy as an explanation for the current state of affairs. While its pragmatic legitimacy is questioned by no one, the first-generation theorization is generally presented as too distant from prevailing norms and practices. Therefore, it has not been successful in terms of achieving change, which, importantly, is still regarded as necessary, as the organizational failure of the field is considered evident. The criticism of the first-generation theorization is not only brought forward by those who were skeptical from the onset, but also by actors who once played a major role in its promotion. However, the evidence-based programs are simultaneously viewed by participants as having played an instrumental role in paving the way for the more nuanced and ambitious theorizations, which currently seem to be gaining ground. In hindsight, even critical participants point to the evidence-based programs as important catalysts for practice change, as they carried with them some distinctive elements which were relatively absent from traditional social work practice. Current developments are thus generally presented as the result of learning among advocates and adversaries alike.

6.4.1 Knowledge-based practice: The new black (box)?

Reflecting on the development of the evidence agenda so far, a research-based commentary in a thematic issue of the magazine *Social Policy* from 2015 speculates that there could be “*light at the end of the tunnel*”: noting that developments today seem to come from “*below*”, i.e. from the municipalities, the commentary suggests that “*we are on our way out of the first age of evidence*” and ends by asking if perhaps it is time to abandon the term ‘evidence’ altogether and simply speak of “*knowledge-based practice*”? (Jakobsen 2015). Indeed, the developments and dynamics outlined above seem to have resulted in a widespread rhetorical move across the organizational field. Several political actors today prefer to talk about ‘knowledge-based practice’ rather than evidence and participants often made a point of this during conversations.

The rhetorical shift is also reflected in the official communication of several organizations. Already in 2014, the former Director of SFI Campbell and colleagues wrote an op-ed for the magazine *Danish Municipalities* which was entitled “*After evidence comes knowledge*” (Deding, Hansen, and Jakobsen 2014). Here, they argued for the need to separate discussions about the effects of interventions from discussions about evidence, since, in their opinion, the term evidence could denote several forms of knowledge, including knowledge about other issues than effectiveness: “*the confusion about evidence is not constructive, because it keeps us stuck in positions where we argue about which form of knowledge is most important.*”. Consequently,

they advocated for a change in rhetoric and encouraged other actors in the field to focus on promoting ‘knowledge-based’ rather than ‘evidence-based’ practice.

Later, in Spring 2015, the word ‘evidence’ suddenly seemed to have vanished from the National Board of Social Services’ website. The list of methods previously labelled as “evidence-based programs” was now labelled “documented methods” instead. In 2016, Local Governments Denmark and SFI published a report entitled *Knowledge-based social work* (KL and SFI - Det Nationale Forskningscenter for Velfærd 2016). Later in the same year, the National Board of Social Services co-hosted a professional conference entitled *Knowledge-based social policy and practice*.⁴⁷ Today, the National Board of Social Services presents itself as follows, directly stating its purpose as contributing to a ‘knowledge-based Social Policy’:

The National Board of Social Services is a government agency under The Ministry of Social Affairs and the Interior. The Board aims at actively contributing to a knowledge based Social Policy, which furthers effective social initiatives for the benefit of citizens. The goal is to make social knowledge work.⁴⁸

Before discussing the meaning of this rhetorical shift in more detail, it is worth noting that the brand of “*evidence-based practice*” has not been entirely abandoned. A recent initiative that speaks to the continued engagement of a broad range of actors in the field is the establishment of the *Danish Society for Evidence-Based Practice in the Welfare Professions* in 2016. Notably, its co-founders include the former Vice Director of the National Board of Social Services and the former Agency Director in Herning Municipality. Board members include the Vice President of The Danish Association of Social Workers, the former Director of SFI Campbell (who is currently the Vice Director of the Danish National Centre for Applied Social Research (VIVE)), and representatives from two university colleges. According to the former Agency Director in Herning Municipality, the establishment of the Society is based on the acknowledgment that, while the National Board of Social Services has been an important partner and driver of the agenda throughout the years, their role as a government agency means that the amount of energy they can invest in the agenda changes with political priorities. In contrast, the envisioned role of the Society is to take “*the long haul*” (former Agency Director, Herning Municipality, November 2016). Its official mission is as follows:

(...) to promote evidence-based practice (EBP) with regards to the pedagogical/social relations-based work with children, young people and adults, including early interventions and mental health. The Society should function as an organizational framework and have a unifying effect on the work around EBP. SEBP will accomplish this through:

47 <http://www.kora.dk/media/5619325/vidensbaseret-socialpolitik-og-praksis.pdf>

48 <http://socialstyrelsen.dk/om-os/about-the-national-board-of-social-services> (last visited on 4 July 2017).

dissemination of the current best knowledge, conferences and events, networking, facilitating and joining national debates about EBP, competences- and capacity building in the field.⁴⁹

The implementation of evidence-based programs is also not a past chapter. Indeed, there seems to be an increased political interest in evidence-based programs. In 2017, a coalition in the Parliament decided to fund renewed efforts to promote outcome evaluation and diffusion of evidence-based programs (M. V. P. Andersen 2017).

Still, ‘knowledge-based practice’ is becoming the preferred term of many. There are different explanations for this. Some political actors explain the change as a reflection of their own and others’ realization that the term ‘evidence-based’ has been overused in past debates and its meaning watered down. In the future, they believe that the term should be reserved for those few methods which are actually supported by rigorous evidence. In this view, the term ‘knowledge-based’ indicates ‘lower-level evidence’, while the evidence hierarchy continues to shape ambitions, as explained by the former Director of the Ministry of Social Affairs:

Especially during the first year and all of the evidence work and our work with results-based and performance management, we were very focused on the methods in the high end of the spectrum, to produce controlled trials, to initiate that. It has, over the years, we developed a more nuanced understanding of, what is evidence really. We need method availability on all levels of the evidence ladder, and we need to tell the National Board of Social Services: ‘Well, you have to be able to guide and advise the municipalities, also when we do not have double-blinded trials to back our recommendations’, because it is such a small part of social work, where we can say what works with any certainty, and so as a Ministry and Board of Social Services, you have to be able to guide more broadly. (Former Director of the Ministry of Social Affairs and Social Services Director in Copenhagen Municipality, October 2016)

From this point of view, the change in rhetoric simply reflects the lack of rigorous evidence in the field. Because of this, less well-documented programs and practices must be accepted as potentially valuable until their effectiveness and cost-efficiency has been established or rejected. In the meantime, efforts must be directed towards building evaluation capacity, both locally and centrally, to support the gradual build-up of a strong evidence base in the field. Accordingly, the change in rhetoric does not signal a fundamental shift in these actors’ theorization of the evidence-practice relationship, but is rather a change in communication strategy, to prevent further alienation of professionals and other sceptics.

49 <http://sebp.dk/>

For others, however, the rhetorical change represents a genuine broadening of the understanding of what counts as relevant evidence to include various other forms of knowledge and information, i.e. a notion that for example administrative data, qualitative research and professional and expert opinion is equally important to, and not just a temporary substitute for, evidence in the form of rigorous outcome evaluations. From this point of view, using the term knowledge-based instead of evidence-based shifts the attention from the narrow focus on ‘what works’ to include a range of other questions and other aspects of practice besides interventions.

The shift in rhetoric is also evident in the municipalities, both of which present their current development projects as knowledge-based. While Municipal actors generally prefer this term to describe their ambitions, it remains unclear precisely what the new label entails. In Herning Municipality, the Evidence Consultant points out that discussions about terminology are ongoing:

In my view, I have cleaned up a little now and created a base [by implementing and trimming the evidence-based programs], and then I think there is some further development, which will have a different focus regarding, how should we understand this thing, evidence? How should we understand what it is to work knowledge-based, and what does it mean to work research-based? Where you [the Program Leader] have said, which words is it that we should use? And what do we mean by it? But to get people, who work with our children and young people, to work on the basis of something where we have a certain degree of knowledge that we will get to a specific place, that is crucial. (Evidence Consultant, Herning Municipality, September 2016)

Similarly, in Copenhagen Municipality, the Program Leader for the *Close to The Family*-project observes that discussions about evidence and knowledge-based practice take up quite a lot of time, especially among local service managers and professional coordinators:

There is a lot of discussion about evidence-based practice and knowledge-based, is it the same? Is it different? What, when is something knowledge-based? When is a practice knowledge-based? When is it evidence-based, right? I have come across that several times during the past year in this municipality. I do not remember it to be something that has taken up the same amount of attention in other jobs I have held. (Program Leader, Copenhagen Municipality, March 2016)

In sum, while some actors refer to ‘knowledge-based practice’ as a general orientation towards different sources of knowledge, others speak of specific practices or programs as being ‘knowledge-based’. In the latter case, ‘knowledge-based’ can mean several things: that the method is informed by theory, that it is explicated and documented, and/or that some sort of data is or has been produced, which can potentially provide actors with “*a certain degree of*

knowledge”, as the Evidence Consultant phrases it above, about how and whether it ‘works’. The fact that the current development projects in both municipalities are presented as knowledge-based indicates both that research-based knowledge has been consulted for inspiration and guidance and that the programs are being evaluated, with the ambition of producing practice-based evidence to warrant the label. This entails that intentions and actions are explicated and documented along the way. Still, core components of both programs are simultaneously presented by several participants as a matter of “*common sense*”, and while evaluations have demonstrated actual changes to practice, they have not yet documented better outcomes for citizens. Hence, some actors note that the “knowledge-based” status of these programs is precarious.

It seems safe to conclude that, while the new term “knowledge-based practice” is gaining ground, a persistent lack of clarity follows right behind. Still, the rhetorical shift seems to have one big advantage: Signaling consensus, it allows central actors to let sleeping dogs lie and avoid constantly rehashing old controversies, as they continue to negotiate the future of the field. It just might be that the notion of knowledge-based practice is not problematically vague, but rather *sufficiently opaque*. Still, it is possible to extract some main components of this new construct, which point towards new theorizations of roles and practices of different actors in the field (cf. Mena and Suddaby 2016).

6.4.2 From evidence-based programs to practice-based evidence

An important learning point, according to participants, follows from the debate over the transferability of evidence-based programs across national and professional contexts. Today, both field-level and local actors emphasize that local practice developments are potentially as valuable as imported evidence-based methods, and perhaps even more so, since they are not ridden by the potential questioning of their transferability across different national contexts. Hence, the ambition now is to document and evaluate existing methods, rather than import new ones. With regards to this, several participants, especially those with municipal ties, underscore that not every evaluation has to be a “*grand randomized controlled trial*”. In many cases, less ambitious approaches will do.

This re-orientation is reflected in the project *Promising practices*, undertaken by the National Board of Social Services and The Danish National Centre for Social Research (SFI) (Amilon, Jensen, and Jørgensen 2016; Jensen et al. 2016). The aim of the project was to develop tools and guidelines for documenting and assessing so-called ‘promising practices’ in the municipalities. The National Board of Social Services presents the project as follows:

Every day, social work is carried out, which is not evidence-based, but is still beneficial for the citizens. Only we do not yet have any certain knowledge about what creates the effect (...). The purpose of the project about promising practice is both to gain a common language and a common direction for what characterizes good social work, and to acknowledge the good work that is already being carried out today. (The National Board of Social Services, 28 October 2016)⁵⁰

Notably, the documentation of promising practices is as a first step on the way towards more rigorous evaluation, signaling that the evidence hierarchy still underpins ambitions, even if the agenda has been turned on its head: The goal now is to begin with practice and produce *practice-based evidence* tailored to the national and organizational context. Note also that the *recognition* of extant practice is part of the motivation behind the project; signaling an effort to mend fences.

The initiative is part of the National Board of Social Services new strategy for systematic testing and dissemination of programs in three distinct phases: maturing, testing and dissemination, based on an initial screening of feasibility. The introduction to the strategy emphasizes that mistakes have been made in the past: *"In some cases, methods have been disseminated immediately, because they have demonstrated promising results locally or internationally, without considering whether the method will be effective in the concrete context."* (Børne- og Socialministeriet 2017, 4). It also highlights the important inspiration that comes from local innovations. The current Vice Director describes how the new strategy is accompanied by a shift in the way that the National Board of Social Services theorizes its own role, from *lighthouse* to *bridge builder*:

If you compare this to our previous strategy, then it used to be that we should be a lighthouse, and now we are building a bridge, and I think, as an image, it was like, being the lighthouse and spreading light over land and 'come to us and we will tell you', then you can say that today we want to signal that we are aware that there can be some very sensible things happening in the municipal practice field, but also to say, well, if we are going to spread it from 1 to 98 municipalities, well then we need to mill it through a process to qualify it, meaning that (...) it has to be reasonably well documented, and it has to be described, and (...) then we need some knowledge about whether it actually works or not, but we really want those collaborations and, so we are going both, how to say it, bottom-up and top-down perspectives, that we have both elements with us. (Vice Director, National Board of Social Services, January 2017)

The new focus on the production of practice-based evidence was recently accompanied by a political decision to allocate funding for social research: The National Budget for 2018 earmarked 20 million DKK to research on the effectiveness of early intervention programs, as well

50 <https://socialstyrelsen.dk/nyheder/2016/hvad-er-lovende-praksis-1> (last visited on 23 November 2017).

as 65 million DKK for practice-near research on public services, including child and youth education, social services and elderly care (Uddannelses- og Forskningsministeriet 2017). The President of the National Association of Social Pedagogues described this as “*a quantum leap*” in the Association’s members’ magazine. His next remark underscores the influence of the evidence agenda, firmly placing the professional association as a part of the “*we*” that has long advocated for the need to know, and act on, “*what works*”:

For years we have been fighting for a knowledge agenda within the field of social services. Now we have succeeded in convincing the politicians that, when you work with socially disadvantaged citizens, you have an ethical obligation to find out what works, and to act on that knowledge. (Holtze 2017)

Another aspect of the new preoccupation with practice-based evidence is the idea that evidence-based programs consist of ‘effective elements’ and ‘fillers’, which are not integral to their effect, as proposed by participants in Herning Municipality. This idea is also promoted by several political actors. The former Director of the Ministry of Social Affairs (and current Administrative Director of Social Services in Copenhagen Municipality) describes how the new strategy in the National Board of Social Services comprises both a recognition of the need for “*practice-near*” knowledge and the need to take a more flexible approach to methods and programs (evidence-based or not), viewing them as modular rather than complete packages:

The National Board of Social Services has moved in this direction, that they, from being very focused on how we can have evidence-based programs that we truly know work, and that we are very stringent about that they work, to taking a more flexible approach, and where we also need to communicate more practice-near knowledge. We also need to look at, when we have this program, are there elements that we think are especially effective? That is also a realization process that has been very obvious in the Board. (Former Director of the Ministry of Social Affairs and Social Services Director in Copenhagen Municipality, October 2016)

The Director of SFI Campbell characterizes this view as the “*second generation*” of the evidence agenda and adds that the identification of core elements is an ideal starting point for developing *new* programs, which – unlike the programs imported from the US – are rooted in the specific national, professional and organizational context in which they are meant to work.

The consensus among different political actors on this issue is remarkable. One aspect, however, creates tension: The ambition to produce practice-based evidence is not just focused on development and evaluation of programs and interventions, but also encompasses a strong focus on the collection of administrative data, particularly among governmental actors: As a reaction to the repeated criticism put forward by the National Audit Office (Rigsrevisionen 2006;

Statsrevisorerne and Rigsrevisionen 2016), the Ministry of Social Affairs has intensified its efforts towards more systematic data gathering and analysis, resulting in a new strategy and procedures for collecting and analyzing data concerning the scope of social problems, target groups and service costs. In 2016, the Ministry released the first annual *Social Policy Report*, aiming to provide an overview of developments and knowledge gaps and promote the use of ‘methods with documented effects’ (Social- og Indenrigsministeriet 2016a, 2016b). The publication is another step towards realizing the ambition presented in the aforementioned *Evidence Policy*, published by the National Board of Social Services in 2013, to create a comprehensive “*data warehouse*”, containing data on social problems, methods, costs, and effects.

The data strategy represents the strong intertwinement between the evidence agenda and management-by-objectives as a general management strategy in the Ministry and constitutes a parallel battle ground between field-level actors with regards to documentation requirements: How much data is necessary? Is data to be fed back to the municipalities, and should its scope and nature reflect the needs of the Ministry, the municipalities, or the professionals, respectively? One participant labels the Ministry’s initiative as the “*data devil*” and fears, along with others, that the intense focus on collecting administrative data will effectively ruin the newly won interest in the evidence agenda – i.e. an increased interest in research-based knowledge and a general preoccupation with ‘what works’ with regards to interventions – among professionals, professional associations, and the municipalities. Other participants share the view of The National Audit Office and find it equally unacceptable and unbelievable that it has not yet been possible to reach an agreement to standardize the collection of data in a country which is “*smaller than New York City*”, as one participant phrases it.

6.4.3 Organizational and professional capacity-building

Disagreements regarding the role of data notwithstanding, the focus on practice-based evidence does appear to reflect an increasing consensus among actors in the field. Still, some point to another crucial dimension, which they find has also been missing from the first-generation theorization, namely those aspects of professional practice that have not been addressed due to the intense focus on interventions. Some find that the massive efforts to implement evidence-based programs have led to a skewed investment in the professional development of service providers and resulted in the negligence of casework. These actors argue that there is now a need to focus more holistically on all aspects of child protective services. In other words, instead of focusing only on the qualification of the propositional knowledge that underpins interventions, they emphasize the need to strengthen the *skills* of social workers and enable them to deal in more systematic and, indeed, *professional*, ways with the inherent complexities of their task. As we have already seen, this change in orientation is apparent in the two municipalities, but it is also point-

ed to by several field-level political actors, in some cases with direct reference to e.g. the development program in Herning Municipality.

Some actors, including the Director of The Danish National Centre for Social Research (SFI) and the former Director of the National Board of Social Services, point to the need to cultivate professionals' "*curiosity*" as a key to professional development and envision how the nurturing of this curiosity could lead to a more reflective practice, in which professionals' collective reflection on local administrative data in combination with evidence from research, presents a crucial element. They also suggest that street-level organizations should encourage professionals to carry out "*micro research projects*" and suggest that engaging in small-scale "*everyday experiments*" would not only spur professionals' curiosity but also serve to teach them about basic principles of scientific inference. Revolving around local data regarding their own cases, such initiatives are presented as first steps towards the necessary qualification and empowerment of social workers that should lead them to engage wholeheartedly with externally produced research-based knowledge and evidence.

In making this point, actors are keen to point out the difference between *professional* expertise, accumulated through extensive experience, and "*layman's intuition*", but remain critical of the status of professional expertise in social work, if the role of evidence, including both administrative data and research-based knowledge, is not strengthened. Moreover, they underscore that professional reasoning should be transparent and documented, as opposed to private and intuitive, and that professionals' reflective processes generally need to be *organized* and managed, which requires professional leadership. The Director of SFI Campbell suggests that this form of professional practice could perhaps constitute a "*third generation*" of evidence-based practice, where mobilizing different types of knowledge in everyday practice would be the main challenge. However, actors also point out that in their view, the realization of this vision requires a long-term strategy, because it involves a fundamental change in professional "*norms*" and "*culture*" and years of intensive capacity-building. The former Director of the National Board of Social Services concludes:

One of the most important things they have done in Herning is that they have spent 10 years on it (...) You *cannot* skip those 10 years, and that is probably the realization that I at least have come to. (Former Director, National Board of Social Services, February 2016).

6.5 Conclusion: Towards explicit professionalism as a unifying ideal?

I began this chapter by asking: Which ideas about the role of knowledge in professional decision-making can be identified in the field of child protection in Denmark, following the debates

over evidence-based practice? I argued that the first-generation theorization of evidence-based practice was modelled after the embedded research model. I then showed how this theorization has been challenged in several ways, following its encounter with actual practice and normative prescriptions in the field. This has resulted in two main changes: First, the focus has shifted from the implementation of evidence-based programs and tools towards more comprehensive models of practice change. Second, the conceptualization of what counts as evidence has been broadened and there is now a strong focus on the production of practice-based evidence. The latter includes documentation and evaluation of extant practices as well as the collection of standardized administrative data, preferably on a national level.

As part of the process, the idea of evidence-based practice has been mixed, matched and combined with other managerial and professional ideals. Particularly, the Ministry's data strategy reflects how the evidence agenda has become increasingly intertwined with the Ministry's general orientation towards management-by-objectives. Accordingly, the term 'evidence' is increasingly used as more or less synonymous with monitoring data, while the theorization of evidence-based practice as having to do with research-based knowledge seems to have vanished from this perspective.

Locally, we see how the evidence agenda is accompanied by an increased emphasis on early prevention, cross-professional collaboration and co-production of public services, as well as re-centralization and organizational integration. Some of these tendencies constitute central elements in what is generally referred to as 'post-New Public Management' or 'New Public Governance' (e.g. Osborne, 2006). Here, research-based knowledge plays a role in professional development, but it is a different one than originally envisioned by evidence advocates. Instead, local initiatives represent understandings of the role of research-based knowledge in social work practice that are closer to reflexive professionalism in combination with the organizational excellence model. There are hardly any traces of the research-based practitioner model, i.e. that social workers should be trained to search for and assess 'evidence' on their own, while the focus on promising practices represent an increased interest in praxis-based knowledge, including users' perspectives (Nutley, Walter, and Davies 2007; Otto, Polutta, and Ziegler 2009; Petersen and Olsson 2014; Walter et al. 2004) (cf. Chapter 2)

The changing theorizations of roles and practices of different actors in the field are summarized in Table 9. The table shows how theorizations have changed, from "implementation of evidence-based programs" to "knowledge-based practice", both of which are contrasted to a (rather crude) theorization of the "private-practicing professionals" of the past, the roles and practices of which are generally brought forward as part of the reason behind the widely acknowledged organizational failure in the field. Together, these developments have resulted in a unifying call

across the field for professionals to take on a new role and new practices which I have labelled explicit professionalism.

Table 9: Changing theorizations of roles and practices in the field of child protection

Theorizations of research-practice relationships	Role of governmental agency	Role of research institutions	Role of municipalities	Role of professionals
Private-practicing professionalism	<i>Distant principal</i> Let local initiatives blossom (also known as “the thousand flowers” policy)	<i>Researchers</i> Produce research without considering relevance and usefulness for policy or practice	<i>Arms-length managers</i> Manage professional service delivery at arms-length, exercising little control	<i>One-man armies</i> Make decisions and deliver services based on random knowledge, opinions and gut-feelings
Implementation of evidence-based programs	<i>Lighthouse</i> Search for and assess quality and relevance of evidence Promote evidence-based programs and tools Offer implementation support	<i>Evidence producers</i> Produce and disseminate rigorous evidence of program effectiveness (systematic reviews) Conduct outcome evaluations (randomized controlled trials)	<i>Implementers</i> Invest in implementation and operation of evidence-based programs Secure continued certification of professionals	<i>Implementation agents</i> Caseworkers: Refer citizens to evidence-based programs based on their fit with the target group Service providers: Deliver evidence-based programs according to manual
Knowledge-based practice	<i>Bridge-builder</i> Search for and assess quality and relevance of evidence and other sources of knowledge Promote promising practices Engage in partnerships with municipalities	<i>Research partners</i> Produce and disseminate evidence on effective program components and mechanisms Engage in collaborative research projects Develop new forms of evaluation	<i>Developers</i> Assume responsibility for professional development Develop common organizational mind-sets Invest in the production of practice-based evidence	<i>Explicit professionals</i> Use evidence-based components to tailor interventions that align with the organizational mindset Engage in reflective discussions with colleagues Explicate and document practices

Explicit professionalism comprises (at least) three different elements with regards to professional practice (Table 10): First, the propositional knowledge on which professionals base their judgment and decisions must be made explicit. The extent to which it also needs to be of a certain kind is still being negotiated (i.e. what counts as good evidence). Second, the process of exercising judgment must be made explicit. Professionals are requested to articulate and expli-

cate how they combine different sources of knowledge to reach decisions. Third, the actions involved in professional practice must be made explicit. All steps must be documented, whether they relate to casework or the delivery of interventions. This involves not only documenting *when* something is done, but also *how* and *why* it is done.

Table 10: Requirements of explicit professionalism

Explicit professionalism entails that ...
Sources of knowledge which inform decision-making must be explicit and preferably research-based
The exercise of professional judgment (i.e. interpretation and reasoning) must be articulated and transparent
Professionals' actions must be explicated and documented

The underlying question is to what extent social workers, given their current education and working conditions, can honor these requirements: Are they to be considered professionals or amateurs? The debates and developments outlined here indicate that social workers are indeed not regarded as fully competent professionals by other actors in the field, or at least that their professionalism has so far remained *tacit*. As a consequence, ambitious municipal agencies have explicitly assumed responsibility for social workers' professional development, and for ensuring that services are delivered in accordance with not only political and organizational but also *professional* standards.

As discussed in Chapter 2, there is nothing new in pointing out that the discretion of street-level professionals is limited and influenced by political and organizational policies and priorities. But what seems to be new here is that the organizations' strategies encompass a merger of professional and organizational standards, where a central element in professionals' claim to authority – i.e. the possession of specialized knowledge grounded in social work research and theory – is no longer the prerogative of professionals but is instead integrated into *organizational mindsets*. These organizational mindsets effectively bound professional discretion and autonomy within a specific *organizationally sanctioned understanding of social work practice*, the justification and legitimation of which hinges on the understanding that it is "*knowledge-based*". Yet, while the research-based knowledge that underpin them serve as justification, the organizational mindsets in both municipalities come to represent a peculiar mix of being informed by knowledge and taking a leap of faith, as managers generally emphasize the need to make the choice to *believe* in something and act accordingly.

In sum, organizational mindsets are important ways for the organizations to mobilize research-based knowledge and serve to delimit professional discretion by pointing out particular directions for the work. Once agreed upon, they *can* be questioned and critically examined, and par-

ticipants note that indeed they should be, if they are to live up to the underlying ideals of being informed by ‘the current best evidence’. But, as the Chair of the Children and Youth Committee explains, to work in Herning Municipality, professionals “*need to support [in Danish: gå ind for] that this is what works, right?*” (Chair of the Children and Youth Committee, Herning Municipality, November 2016). Professionals who refuse to embrace the new directions must find somewhere else to work. Similarly, Copenhagen Municipality make it an explicit request in job advertisements that professionals are expected to work with the systemic solution-focused approach. Keeping this in mind, the next chapter dives head-on into the daily organizational life in the three child protective agencies and examines the actual practices of street-level professionals and service managers as they seek to navigate these waters and accomplish their tasks.

7. Mobilizing knowledge in everyday practice

It is, as usual, a rushed lunch break, with several interruptions by colleagues in need of advice. The casework coordinator, whom I have been shadowing for a couple of days, has just performed an impressive balancing act, descending the stairs from the cafeteria with a tray of food, an open bottle and a cell phone jammed under her chin, single-handedly opening several heavy doors with code locks on the way, not giving me one chance to offer my eager help. Sitting on a bar stool on the opposite side of the slim high table in the corner of the hallway, she quickly and fiercely cuts off large pieces of her cold meat and asks me to say a little more about my research. I explain briefly that, in light of the debates about evidence-based practice, I am interested to see things from the perspective of practice and learn for example how they reach decisions regarding the choice of intervention in a case. Not reacting to any specific question on my part, the coordinator tells me that, regarding the evidence-based programs, it often depends on whether they are available in one's immediate network [as opposed to external service providers]. If not, then there is a process of referral, which requires 'filling out forms and so on'. That might very well be the reason for choosing this or that, she says. 'That one', she continues, pointing to a large poster on the wall, 'those are all the evidence-based methods we have in the municipality – PREP, KIF, and so on. We use them, because they are here, you can go directly to the relevant person and ask: 'Can I get this mother into DUÅ [The Incredible Years] on short notice?'. 'Yes', the person will say, 'just tell her to call me'. But, you know, it's really often a matter of getting started, while the family is motivated for change, to catch the ball while it's still in the air, so that they feel that someone threw them a lifesaver. It may be that the chosen method does not *exactly* match their problems, but often, it is used as a way to move on and begin to uncover what the *actual* problem is. Because how many times did we really hit the mark on the first try?', the coordinator asks rhetorically. She continues in a serious voice: 'What we really do is we try out some things, and then we sometimes find out what does not work. Time is our biggest threat: Lack of time on our part, and too much time for the family. Waiting time, that is.' (Field notes, Agency B, September 2016)

7.1 Introduction

Building on the findings presented in the previous chapter, the analysis presented in this chapter zooms in on daily organizational life in the three agencies to answer the second working question:

How are different types of knowledge mobilized to inform professional decision-making in street-level organizations, specifically Danish municipal child protective agencies, and how does this relate to current ideas in the field?

The aim of the chapter is to demonstrate how discretionary decision-making is organized, and how knowledge is mobilized in the process. As part of this, the chapter also addresses the question of whether and how the ideal of *explicit professionalism* is enacted in practice. The analysis shows that service managers and coordinators are generally preoccupied with fostering the development of explicit professionalism as a new ideal for practice, and that they do so by employing different strategies to mobilize both propositional, procedural and personal knowledge within the framing provided by the *organizational mindsets* that were introduced in the previous chapter.

The first section aims to provide the reader with an impression of the conditions under which professional judgment is exercised, and decisions regarding interventions are made. Showing how these conditions are characterized by *multi-faceted uncertainty*, I discuss how decision-making unfolds not as discrete events, but as continuous and highly collective processes. This reflects a perception of decisions as the *creation of direction* amidst the messy realities that is the matter of child protective work. As is also clear from the field note excerpt above, interventions are not necessarily thought of by participants as solutions but just as often as *entryways* into the lives of the families and children that they are trying to help. Decisions are beginnings as much as they are ends.

The second section shows that the exercise of professional judgment is far from an individual matter, as it is often portrayed in the street-level literature. Indeed, professionals are expected and required to qualify their judgment in different ways, by asking colleagues, soliciting external professional's opinions and exploring alternative perspectives in more or less formalized processes. While there are of course also elements of individual discretion and responsibility, the *collaborative nature of professional decision-making* is striking. It is also a dimension of the work which coordinators and managers constantly seek to nurture. Based on a close examination of how different types of knowledge – propositional, procedural and personal – are mobilized in practice as part of these collaborative processes, I close the chapter by developing an overview of knowledge mobilization practices and discuss how they relate to the ideal of explicit professionalism.

7.2 Conditions of decision-making in child protective services

This first section presents the conditions under which professional judgment is exercised and decisions regarding interventions are made. As such, it sets the scene for the analytical sections to follow. As previously mentioned, Lipsky proposes that child protective workers are perhaps “*the ultimate street-level bureaucrats*” (Lipsky 2010, 233), and the general conditions of street-level work that I discussed in Chapter 2 are certainly present in the three agencies. The aim of

this section is not to systematically reiterate or illustrate all these conditions. What I will do is draw attention to some of the general characteristics of street-level work that seemed particularly salient in this case, based on my fieldwork observations and participants' reflections during interviews and informal conversations. I will then discuss the implications of these observations for how we approach and conceptualize knowledge mobilization and decision-making, which, I argue, have not been taken sufficiently into account; neither in the street-level literature nor in debates regarding evidence-based practice and the role of research-based knowledge in professional decision-making.

7.2.1 Wicked problems and co-produced services

Underpinning child protective work in the three agencies are two central conditions, which appear to permeate participants' understanding of their work. First is a shared understanding that social problems are socially constructed and 'wicked' in nature. As discussed in Chapter 2, many scholars in the field of social work argue that social problems are best characterized as 'wicked' (Høgsbro 2011; Krogstrup 2011). As opposed to 'tame' problems, which are easily identified, even if their solution may be complicated, wicked problems are difficult to define and delineate (Head and Alford 2015). Further, the definition of a problem influences the range and types of solutions that are deemed relevant, and so different actors will often seek to define the problem in different ways: problems are socially constructed. Since the problem cannot be clearly defined, and its boundaries may be narrowed or broadened at different times, different actors are likely to have different opinions as to when and whether the problem might be considered solved, rendering any solution partial and temporary. This understanding of social problems also permeates participants' understanding of the nature of child protective work, where professionals find themselves making decisions about how to deal with processes beyond their control.

Second, services are necessarily co-produced (Lipsky 2010). Parents and children are not merely passive recipients but active co-producers of services, who not only have legal rights to be included in decision-making, but whose opinions, actions and engagement is integral to the success of any intervention. In all three agencies, it is a part of the prevailing professional ethos that citizens are the 'experts of their own life'. Participants underscore that, as professionals, they can never presume to know everything about a family or its problems. This perception is found on all organizational levels, also among Agency Directors. In the words of a family nurse:

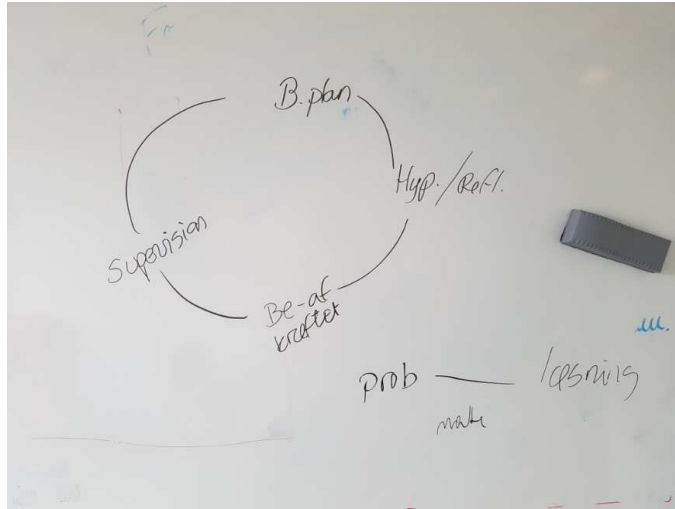
(...) we can see perhaps 30 percent. We never fool ourselves into thinking that we know 100 percent what would be the best for a family, because the family are the first to know that, right? (Interview, Agency C, December 2015).

Hence, while their core task is to ensure the children's wellbeing and keep them safe from harm, most professionals do not see it as part of their role to pass judgment or to insist on what is right or wrong in terms of how people choose to live their lives, beyond what is stated in the law. Parents are generally expected to want what is best for their child, even if they are not able to fully provide this themselves, and to be willing to cooperate for their child to thrive. Accordingly, even though caseworkers possess formal authority, and the legal framework increasingly makes various coercive measures available to them (cf. Chapter 4) (Hestbæk 2011), the general professional stance is that cooperation is generally more productive than coercion.

7.2.2 Multi-faceted uncertainty and interventions as entryways

The fact that problems are perceived as wicked, and that services are inherently co-produced, means that professionals often need to make decisions under conditions that are characterized by what I choose to call *multi-faceted uncertainty*: Uncertainty in this case is not only a matter of limited time and unavailability of information, as proposed by Lipsky (2010, 29), but a fundamental uncertainty regarding the depth, scope and appropriate definitions of problems combined with uncertainty about the willingness and capabilities of citizens to cooperate, and, consequently, uncertainty about the potential of any given intervention to create a positive change in a particular case (regardless of whether there is evidence of its effectiveness in general).

As the family service coordinator in Agency A explains to me during a lunch break, even if they are professionals and have specialized knowledge, training and experience to guide them, they “*cannot look inside the heads of people*”. Professionals do not know what goes on in the families when they are not present, and they cannot know in advance how the family will react to an intervention. Therefore, working with the families is best perceived as a circular process of trial-and-error. To make herself clear, the coordinator draws a circle on the whiteboard to illustrate the process: Create hypotheses about what is going on – test them in interaction with the family – reflect on the outcome (alone and systematically in a team meeting) – create new hypotheses and adjust the approach accordingly. She explains to me that this is the key to a *systemic* approach, as opposed to a *linear* way of thinking about problems and solutions, which she also illustrates (see photo).



(Photo, Agency B, April 2016)

The coordinator's professional training and thinking clearly corresponds directly to the municipality's organizational *mindset*, which is explicitly based on the systemic-narrative approach and its underlying conceptualization of social problems. Her criticism of linear ways of thinking equally echoes the skepticism of the service manager, who was responsible for implementing both this mindset and, subsequently, the evidence-based programs (cf. Chapter 6).

In this perspective, choosing an intervention is not simply a matter of matching an identified problem with a tried-and-tested solution. Instead, I found that interventions are often conceptualized by participants as *entryways*. This way of thinking about problems and solutions is also reflected in the casework coordinator's remarks in the field note excerpt in the beginning of this chapter. In a different conversation, the same casework coordinator makes a similar point in remarking that the lives of people do not stand still. Many things happen on their own, without intervention from the authorities. Sometimes problems work themselves out, or fade on their own, regardless of any decision made by professionals. In some cases, the chosen intervention will prove to be just what was needed to diminish the identified concerns, and the case will be closed, once the agreed program is completed. In other cases, problems may magnify, transform, multiply or escalate in unexpected ways, leading to a need to abandon previous decisions, revise problem definitions and make new choices. Choosing a specific intervention, then, is often a way to get started, to learn more about the family and the nature of the problems, which have been identified as a cause for concern. Only time will tell if the chosen intervention also turns out to be a good solution, or if adjustments are in place. This perception is also found among professionals in Agency B and C.

7.2.3 Time and motivation

Another important aspect of work concerns the role of *time*. Deadlines are an important aspect of bureaucratic and managerial control. Agencies and individual caseworkers are under constant pressure to adhere to the deadlines outlined in the legal framework and sometimes more ambitious local organizational standards. As described in Chapter 4, the Consolidation Act (*Lov om Social Service*) states that agencies must react to notifications within 24 hours to decide whether the case is acute. If the case is not acute, but requires an investigation, there is a time frame of four months. Due to the formal organization in some agencies (A and B, but not C), the case is then handed over to a new caseworker in a different team, who meets with the family to discuss the cause for concern that has been identified as a result of the investigation. An Action Plan is drafted, which states the purpose and goals of an intervention. This must be approved by the family. While there is no legal requirement as to the length of this process, local organizational standards are usually between 2-4 months. Once the Action Plan is approved, there is a process of deciding on a specific intervention, to which the family must also agree (I will return to this process in more detail shortly).

The failure of child protective agencies to meet legally required deadlines is routinely documented by the National Appeals Board (*Ankestyrelsen*), and the percentage of processual errors regularly causes of public debate over the quality and management of services. Therefore, time is a central concern for managers. In Agency A, one of the coordinators describes higher-level management as “*deadline-oriented*” (in Danish: “*frist-orienteret ledelse*”; a spontaneous wordplay on the common expression “*drifts-orienteret ledelse*”, which translates as “operations-oriented management”). Yet, for many participants, the issue of time is experienced as pressing for reasons that extend beyond bureaucratic control and relate directly to the conditions outlined above, particularly the co-production of services: Time is crucial to professional work, because the expected success of an intervention hinges on the family’s willingness to cooperate. Even when deadlines are adhered to, the process can be unbearably long from the perspective of the families and children involved. Counting from the first notification of concern, it can take several months and sometimes up to a year, before the child and/or family in question receives the help they need.

The issue of waiting time is repeatedly problematized by participants. Coordinators in different agencies tell me that they *know* from research that families’ motivation to engage in an intervention diminishes rapidly, shortly after coming into contact with “*the system*”. One casework coordinator describes, that while families may be open to receiving help when they first encounter professionals, being investigated by the authorities is experienced by many as shameful and burdensome. Indeed, the coordinator says, the process can be almost traumatic for the family, who need to explain themselves over and over every time the case is handed over to a new

caseworker, who comes along with a new agenda, often months after they said goodbye to the previous one. Long waiting times, then, are not just undesirable from the perspective of the citizens, but also potentially damaging to the possibilities of enabling the desired change. All good intentions, and the very best evidence-based methods, fall flat to the ground, if citizens have lost the will to engage.

Timely versus targeted interventions

In Agency C, the current restructuring of the organization means that one caseworker is responsible for the case, so that families will not have to move between specialized teams. In addition to this, caseworkers have the formal competence to make a range of decisions on their own, without approval from higher-level managers. This is expected to allow caseworkers to react more quickly and flexibly and cut down waiting time. In the other agencies, professionals generally do what they can to fast-forward the process. This also influences decision-making regarding the choice of interventions, where several challenges may prolong the process. For example, the agreed problems and goals may call for a specific type of intervention, i.e. a specific program, method or person, but there is no guarantee that this is available. In line with Lipsky's (2010) observations, a service manager describes how it is a "*Sisyphean task*" to live up to the need and demand for services: As soon as one case is ready to be closed, new cases are already piling up, and they are once again stuck "*playing dominos*" with the therapists and their calendars, trying to adjust everyone's schedules and the allotted time to work on specific cases, to fit just one more family into the puzzle.

Sometimes it is simply not possible to offer the required service within reasonable time (i.e. within the local organizational standard of maximum three months waiting time). In such cases, the service manager or coordinator may have to go back to the caseworker and suggest an alternative, for example that the family begin with joining a group-based program instead of receiving the requested at-home practical-pedagogical support – just to get them started. Such changes, however, are not always well received by caseworkers. Caseworkers are also pressed to make ends meet. At one point, a case discussion among caseworkers amounted to the shared conclusion that a group-based intervention called *Circle of Safety* would be perfect for the family in question. Only, the program was set to begin in two days, and the family would need to be consulted first, as they would have to agree to the intervention, before being signed up for the program. Hearing this, the responsible caseworker let her arms fall beside the chair and sighed: "*I cannot make that!*", inviting a suppressed flinch of dissatisfaction from the coordinator, who wanted the case to move forward.

Sometimes, a notification of concern is so concerning that it requires action here-and-now. Every day, someone is on guard duty, i.e. ready to cast all other things aside if necessary and pick

them up whenever possible. Very acute and/or complicated cases might require assistance from several co-workers. Here, coordinators play a key role in orchestrating who takes action, when and how. In such a case, professionals will often seek to work on different steps simultaneously, for example so that the purpose of an intervention and goals in the Action Plan are not discussed with the family in a separate meeting with the caseworker, but instead discussed together with the to-be-assigned family therapist in a joint meeting, so that the intervention can begin right away.

Whether a case is deemed acute or not depends on many things, including the level of concern relative to other cases. While professionals generally are respectful of citizens, mindful of how they talk about them, and express earnest concern for the children involved, they sometimes turn to black humor to express the dilemmas they face in prioritizing between citizens, all in need of their help:

Case discussion meeting in the Safety Plan Team⁵¹. During a short break, the casework coordinator and the service manager stay in the room, while the other participants disappear into the kitchen to refill their coffee mugs. “What you hear yourself saying”, the coordinator sighs with a tired laugh, indirectly referring to one of the discussions they just had. The service manager nods and continues in a mock voice: “How much did he hit? Were there bruises? Ah well, then it is not acute...” (Field notes, Agency B, September 2016)

What follows from these observations is the conclusion that a *timely intervention*, which may only partially match the stated purpose and goals in the Action Plan, is sometimes viewed as superior to a more *targeted intervention* that is delivered three months too late. If the ideal person or the ideal program is not available when needed, they quickly become less ideal, and an alternative approach must be chosen, if professionals are to meet organizational standards of maximum waiting time, and, more importantly, meet professional goals of upholding the families’ motivation to engage. In this way, the role of time and timeliness is an important aspect of the general conceptualization of interventions as entryways outlined above, and an aspect of work which contributes to challenging the idea that there exists such a thing as a ‘perfect match’ between problems and solutions.

51 The Safety Plan Team is a cross-professional team of caseworkers, family therapists, psychologists and network consultants, who provide interventions in severe cases, as a final alternative solution to out-of-home placement.

7.2.4 Coping with resistance

Friday morning at the agency; I have arranged to join the casework coordinator for a long day of individual case reviews, but the day quickly takes a different turn, due to yesterday's events: The day before, a mother went to pick up her child from school. Heavily drunk, she got into a fight and hit four teachers. The child was placed in a hotel for the night, together with the mother's boyfriend. This morning, the mother shows up at the agency, still very aggressive and reeking of alcohol. All day, the coordinator, a psychologist and a caseworker are busy dealing with the case, looking through old case files and trying to figure out what can and what needs to be done to keep the child safe. Around noon, the caseworker and the psychologist are ready to meet with the mother and her boyfriend, to hear their side of the story and inform them of what is going to happen. After some debate, they have decided not to have the security guard attend the meeting. As soon as the mother and boyfriend leave, the caseworker and the psychologist come by and ask the coordinator to join them in the meeting room for an update on the situation, before the case is handed over to the emergency staff for the weekend. I join them, as they explain in detail what happened. As we leave the room a while later, the coordinator picks up two plastic cups on the table to throw them in the garbage. 'I see you chose plastic', she says with a knowing smile to the psychologist. 'Yes', the psychologist replies, 'we were not going to risk having her throw the coffee cups!' Walking down the corridor, the coordinator tells how, when she was an intern, a father threw a porcelain bowl through the room and smashed it against the wall. 'Since then, I always gave it a thought', she says, and mimics her own voice: 'Well, today, I think we just might go for the *plastic* cups...' (Field notes, Agency B, September 2016)

The final aspect that I wish to draw attention to, before focusing more directly decision-making, directly concerns the willingness of citizens to engage and partake in the co-production of services. Dealing with resistance from families is part and parcel of child protective work, and something that every professional can relate to. Professionals make many efforts to establish rapport with each family (and every individual in it), and to overcome or circumvent resistance. Caseworkers may sometimes threaten to use coercive measures, but only rarely do so. Still, while professionals are often successful in their efforts, instances of resistance are noticeable everywhere. Cancelled meetings and sessions are abundant. Caseworkers sometimes spend days, weeks or months trying to reach citizens. Sometimes they have to go to their home and knock on their door, just to get to talk to them. In one case, a prior investigation had been closed down, because the family could not be found. "*Sadly, that does sometimes happen*", the casework coordinator said with a shrug.

To illustrate: During a case discussion meeting, a caseworker suddenly left to answer her phone but came back a few minutes later to announce that the caller was a mother, whom she had been

trying to reach for more than two months. Everybody cheered and took part in celebrating her success. On a different morning, I participated in a meeting with the purpose of preparing for a meeting to take place immediately after – only to learn that the mother had called to cancel a few minutes ago, and not for the first time. A few weeks later Agency A, a caseworker came over to ask the coordinators' permission to try a new approach with a family that had been "*in the system*" for a year. After several attempts, she believes that there is now a real opportunity to motivate them. Permission was granted, and all the coordinators took part in the caseworker's unconcealed excitement. Later, a family therapist told the family services coordinator about a mother who just cancelled a session for the fourth time. Explaining how she felt the energy fizzling out of her every time it happened, she exclaimed in frustration: "*An intervention, which is not delivered, will make no difference!*".

Importantly, while resistance is part and parcel of the work, it sometimes takes on a more violent form which directly affects the emotional and physical health of professionals. Professionals are constantly aware of the risky situations that might arise from citizens' reactions to the pressure of having an open case with the authorities, potentially facing unwanted and life-changing decisions, along with the fact that a substantial number of the citizens they deal with suffer from behavioral disorders or mental illness. In all three agencies, I overheard discussions of whether or not the guard should participate in upcoming meetings. For example, prior to an upcoming Committee Meeting in Agency C, the coordinator advised the responsible caseworker that a guard should be present, but not visible, as this might be perceived as a provocation. Dealing with emotional strain and keeping safe from harm is an aspect of the work, which is constantly present.

For example, on a Monday morning in one of the agencies, I learned that a mother had shown up on the premises before the weekend. She had been drunk and had screamed and shouted and thrown punches at the guards, before she was escorted away by the police, in strips, in front of her two little children. The family therapist, who was working the case, had stayed with the children the entire evening, providing them with food and comfort, until a place was found for them to spend the night. After being pressed by the family service coordinator, the therapist admitted that, while she did not consider herself "*fragile*", the events had taken a toll on her. In addition to being worried about the children, whom she had known for a long time, and exhausted by the extra paperwork (as she had to document everything that had happened in detail), the experience had also left her with nightmares of other children, who came to her in the night and blamed her for failing to do her job properly.

Walking around the agency later on the same day, I noticed that all signs with names had been removed from the doors to the caseworkers' offices. The service coordinator explained that this

was due to a recent incident, in which a 16-year old boy had entered the building, searching for his caseworker while shouting that he was going to kill her. The incident resulted in a month-long sick leave for the caseworker, who had only just returned to work. The coordinator remarked that it was a bit surprising, as she was a “robust” type, who had been in the trade for years and had seen quite a lot in her time: “But”, the coordinator continued, “*you never know what the straw is going to be*”.

How resistance influences interventions

Resistance from families also influences the choice and feasibility of interventions. For example, several forms of family therapy require that the family allows the therapist inside their home. If they are not willing to do so, professionals may be forced to choose a less ‘invasive’ form of intervention – for example to provide a contact person for a child, even if everyone agrees that, in order to create any kind of real change in the situation, the whole family needs to be engaged. This is another example of how interventions can be conceptualized as entryways; in this case, professionals place their hope in the possibility that a contact person can build a basic level of trust, and perhaps learn a bit more about what is going on and pave the way for a more comprehensive intervention.

In a different example, a family therapist is faced with a father who not only refuses to engage in the program, but passes this attitude on to his sons, who join him in ridiculing her behind her back. She is trained in an evidence-based program called Functional Family Therapy (FFT) but finds that the father’s resistance renders it almost impossible for her to work with the family as outlined in the program. As she explains the situation to the team, several of her colleagues inquire about the flexibility of the FFT program and suggest that perhaps she needs to put the manualized program on hold, until she has found a way to engage the father. Again, continuing an intervention, evidence-based or not, is simply not feasible without the necessary cooperation. Others question whether she is *personally* able to continue with the intervention, or if, at this point, she really feels unable to “*be in it*” [“*at väre i det*”, i.e. to deal with the situation in a professional manner]. One asks if she is afraid of the father, implying the risk that his explicit resistance might turn into some form of violence. By the end of the discussion, it is agreed that, for the next session, the therapist will book a larger room to create more physical space between participants, while the coordinator will make sure to plan a meeting in the next room at the same time, so that the therapist will not be there alone. Notably, the expected ability of particular therapists to “*be in*” a situation is also a factor when choosing interventions, since choosing a specific type of intervention is often equivalent to choosing among a selected group of therapists with training in that particular program or approach.

7.2.5 Decision-making as the creation of direction

The observations and reflections presented above help us understand something important about decision-making in child protection work. First, decisions are never made by professionals alone; most cases involve a range of discretionary decisions which often require collaboration with several actors, including citizens, who have a definitive say. Second, apart from the decision to open or close a case, decisions are neither starting points nor ends; as they are all preceded by a case history of previous decisions, that have contributed to shaping events. Third, decisions are never final; even the decision to close a case may need to be revised later, if circumstances change. Moreover, professionals typically deal with anywhere between 20-45 cases at any point in time (depending on organizational standards), where they need to keep track of unfolding events and act accordingly.

Observing practice, it seemed that, at any given point in time, there were always several conversations going on about several different cases, which never really came to an end, but were merely put on hold from time to time, to be picked up again whenever something happened – perhaps spurred by a required follow-up, or an engaged service provider who wanted to discuss a pertinent issue, or due to developments in the life of any one of the people involved. Such occasions sometimes involve a formal meeting, but often also lead to informal conversations about how the case was progressing, and whether there was a need to adjust the nature or focus of the intervention. The main implication of this is that decisions and discussions about cases are not at all confined within the formalized steps in the casework process. The highly linear and rationalized conceptualization of the casework process outlined in the legal framework (cf. Chapter 4), as a process of investigation, decision-making, evaluation and adjustment, is (perhaps unsurprisingly) much more messy and circular in actual practice.

As they reflect on processes of decision-making, managers, coordinators and professionals often use the phrase “*creating direction*” rather than “*making decisions*”. In all three agencies, professionals would refer to discussions about cases as discussions about “*whether we are on the right track*”, and if they “*should go left or right*”; expressions which all indicate that decisions, from the perspective of practice, are part of continuous processes of reflection and adjustment. It follows that, just as interventions are not perceived of as solutions to be decided upon once-and-for-all, discretionary decision-making in child protective services is not adequately conceptualized as series of clearly delineated events. Just as interventions are more often thought of as *entryways*, decision-making is perhaps better conceptualized as *direction-making*. This conceptualization recognizes the processual and open-ended nature of the work and underlines the importance of not just focusing on formalized decision-making routines, meeting structures and decision arenas (i.e. the times, places and spaces where decisions are formally made), but to focus also on the activity that goes in outside of these formalized rou-

tines and feed into the creation of direction in cases – and, in our case, to focus on how knowledge is mobilized as part of these informal activities as well.

This understanding of decision-making bears some resemblance to what Weiss (1982) characterized as “*diffuse decision-making*” in policy contexts (cf. the discussion in Chapter 2). Yet, much of the street-level literature continues to treat decision-making as a series of discrete events, often carried out in direct interaction with clients, while their processual and collaborative aspects are left more or less unexamined. In contrast, the analyses presented in the remainder of this chapter seeks to take these latter aspects directly into account. Rather than focusing on decisions as outcomes, they focus on when and how different forms of knowledge are mobilized in their *making*.

7.3 Mobilizing different types of knowledge for decision-making

Building on the insights into the conditions of child protection work outlined above, and the resulting alternative conceptualizations of interventions and decision-making, this section discusses how different types of knowledge come to influence decision-making regarding interventions in practice. To be clear, it is not my intention here to judge whether participants are ‘right’ or ‘wrong’ in their assessments, or to assess quality of the knowledge they bring into discussions, i.e. whether it is ‘true’ or ‘false’. Instead, I am trying to show when, how and why different types of knowledge are mobilized, to distill practices and patterns and discuss participants’ rationales for these – and thus generate valuable insights and concepts regarding these matters (which might then be used to detect similar or different patterns in other professional street-level organizations; I will return to this discussion in Chapter 9). Before delving into these issues in more detail and examine general knowledge mobilization practices across the three agencies, I will begin with a rather long example from a case discussion meeting, to illustrate how knowledge mobilization happens in daily practice.

7.3.1 An example

The following field note excerpt is taken from a three-hour long weekly case discussion meeting in one of the agencies. The meeting is ostensibly cross-professional, but besides caseworkers and the coordinator, only one professional with a different title is present; a so-called network consultant, who specializes in facilitating the engagement of a family’s personal network in interventions:

Five caseworkers, one network consultant, the coordinator and I are seated around a big white oval table, as we are getting ready for the regular case discussion meeting in the children’s team. Everyone has notebooks in front of them, water or coffee cups, some

are drinking Coca Cola. The coordinator cuts off a joke (that *CULT* [an energy drink] is the best thing to drink before a meeting with the Committee⁵²) and presents the agenda. Anna, a young caseworker, is first to present her case, which has just been presented before the Committee. It concerns a young child, 1½ years old, who spent its whole life in an institution, with its mother. Everyone in the Committee meeting agreed that the child should now be placed in foster care, and a foster family is ready. After a brief discussion concerning a financial issue, she moves on to ask for the team's advice on a pending decision regarding contact between the child and the biological parents. The Committee did not follow the recommendation for supervised contact, because the father asked for supported contact⁵³. The judge accepted this, on the condition that he would accept treatment. So now, she says, I need to figure this out. We will give it a try.

Anna continues to explain her reflections: The parents have difficulties being stable, they make great promises, especially Father, but then fail to show up. Right now, I am thinking minimum contact, once per month. Beatrice, a seasoned caseworker, asks about the attachment between child and parents. It is very good with Mother, the child is happy to see her, there is a good connection. Not really anything with Father. Beatrice asks Anna for more details and thoughts? Anna says the plan is that contact takes place in the institution; Mother wants their support. Regarding Father, she says, I have asked if they can be creative, otherwise we need to buy [support] externally. Carly, the network consultant, asks *why* Mother sometimes doesn't show up? Anna says Mother is 17 years old and lives a wild life, she beats other people up, hangs out with the wrong people. Carly asks if Mother *wants* the attachment? Anna explains that Mother wants to be there for the child, but knows that she cannot be a mother with the life she is living right now. The coordinator asks, what would Mother say? Anna says she is likely to accept it. She wants the child home one day. The coordinator continues: Because if anyone should have more, it's Mother, to build a relation. But I think it sounds fine, she says. What about in the future? Beatrice asks. Anna replies: I will see how the child lands [in the foster family], and if the parents come, when they have the opportunity.

Dorothy, another seasoned caseworker, joins the discussion: I think, she says, in relation to the many cases we have now, where we place children in foster care and try to shield them a little from their parents, but suddenly we end up with a child with no attachment, and the damage that does, conflicts, and so on. The biological parents are a condition, and we are going to work on developing that attachment the whole time. It should be

52 I.e. The Children and Youth Committee (cf. Chapter 4). Preparing a case to present before the Committee requires a lot of work and is generally described by caseworkers as an *exam*, where the quality of their work is being scrutinized and judged. If the Committee follows the agency's recommendation, it is considered a seal of approval.

53 Supervised contact (*overvåget samvær*) is decided by the Committee and is a big infringement on parents. Parents can volunteer for supported contact (*støttet samvær*) instead, where a professional will also be present, to provide support.

clear to the foster family that this is how it is. I think one needs to remain hopeful and give the parents a chance rather than keep them at a minimum. Anna says that she has a hard time envisioning this for the father, but otherwise nods while Dorothy is talking. Carly says that maybe there should be more contact with Mother, to preserve the good attachment? One month is a long time in the life of a 1½ year old, especially if a visit is missed. So more for Mother, if it can happen at the foster family home. The coordinator agrees: “Yes, that is as safe and good as it can get”.

The coordinator continues: This is really about our lack of knowledge. We have studies that tell us that the children need to be shielded in the new attachment [with the foster parents], and others which say that the attachment [with the biological parents] must be strengthened and is crucial to the new attachment. This is why we waver. This gives us some trouble. And the Center for Foster Care has a different opinion. It is an interesting thought that we increase contact to protect the existing attachment, and to secure against no-show, the coordinator concludes. Anna says that the thought behind making it the minimum requirement of once per month also was to make it manageable [for the parents], “*but I see what you are saying*”, she concludes. The coordinator asks some follow-up questions and then asks: “*Do you feel wiser now?*” Anna says yes. She then goes on to reflect on how she will communicate the decision in the letter to the parents. Following a brief discussion of this, the coordinator states the legal rights of the parents, which should be included in the letter. She then moves on to the next case. (Field notes, Agency B, October 2016)

To create a basis for the ensuing analyses, I will examine how different types of knowledge are mobilized during the discussion in the example above. As was discussed in Chapter 3, it is one thing to know the rules, and another one to apply them. This is also the case here, where the caseworker is facing a decision regarding contact between a child and its biological parents, while the child is in foster care. The law states the child’s (and hence the parents’) minimum rights to contact, but the caseworkers has discretion to decide on the interval (e.g. every two weeks, once per month) and duration (number of hours). As is apparent from the discussion, many different aspects must be considered. The caseworker relies on other participants to ask questions and raise concerns, and their inputs end up directly shaping the pending decision. During the discussion, both *personal*, *propositional* and *procedural* knowledge is mobilized, to enable the caseworker to proceed.

First, there is knowledge of the case in question, including (some) knowledge about the preferences and abilities of the involved citizens. The caseworker has met with the parents, their child and the staff at the institution where the mother and child have been placed together and was also present at the Committee meeting. She thus possesses personal knowledge of the case, while her colleagues possess some factual, i.e. propositional, knowledge from having read the

case file. They are left to trust the responsible caseworkers' assessment regarding the attachment between mother and child. Here, the simple observation that the child is happy to see the mother is offered as a basis for concluding that the attachment is "*good*". Notably, the caseworker's personal knowledge and assessment of the attachment is not questioned – but the inferences that she has drawn from it are.

The propositional knowledge that is mobilized in the discussion comes from various sources, e.g. psychological attachment theory and knowledge about the rules and regulations regarding contact, which bound the discretionary space. During the discussion, the caseworker's pending decision, which leaned towards simply meeting the minimum requirements, changes. Instead she decides, or rather *the group decides*, to increase the amount of contact, based on the reasoning that regular contact is needed to sustain and develop the attachment that already exists between the biological mother and her child, and that to do so is in the best interest of the child.

In addition to attachment theory, other sources of research-based knowledge, as well as knowledge about the political and organizational context, is also mobilized to inform the decision. One of the seasoned caseworker notes the current tendency to place an increasing number of children in foster family care, as opposed to institutional care. This is a political priority and part of the organizational mindsets in both municipalities, which reflects both research-based knowledge about the potential adverse effects of residential institutional care *and* financial concerns, since foster care is less costly than residential care (Hestbæk 2011) (see also Chapter 4). The seasoned caseworker ruminates the potential consequences of this and points to the importance that professionals insist on upholding contact with biological parents; a comment which seems to be based on the underlying reasoning that to do so is more difficult when one has to cooperate with foster families, compared to cooperating with trained professionals in residential care institutions. Following this, the coordinator uses the occasion to reflect on the lack of clear guidance offered by research-based knowledge and concludes that this leaves professionals to waver.

Towards the end, we see how the caseworker also tries to mobilize the procedural knowledge of the others, as she ponders how to communicate the decision in the letter to the parents. Writing a decision letter is a genre, which requires knowledge of the legal basis for a decision as well as other aspects of the law, such as knowledge of the parents' rights to complain, and, ideally, the ability to explicate the professional knowledge and reasoning that underpins the decision. It also requires the skill to communicate all this information in a respectful and comprehensible manner, to enable future cooperation with citizens, on which the feasibility of the decision depends.

Besides illustrating what I am referring to, when I speak of knowledge mobilization in practice, the example serves another important purpose, namely to illustrate the often highly *collaborative nature of decision-making* in child protective services. Considering the limited attention that this aspect of decision-making has received in literature on street-level professionals (cf. Chapter 2), this aspect is important to keep in mind and will be unfolded throughout this and the following chapter.

With this example in mind, I will now turn to examine general patterns and practices of knowledge mobilization, as they unfold across the three agencies. The remainder of this section is organized around the different types of knowledge outlined in the conceptual framework: Propositional, procedural and personal knowledge. I show how each of these forms of knowledge are mobilized in different ways and with different purposes, to inform decision-making.

7.3.2 Mobilizing propositional knowledge: Using everything we know

As discussed in Chapter 3, *propositional knowledge* (or *knowing-that*) is knowledge that can be stated explicitly, codified and made available to others, though it always also has a tacit component, as it is enacted in practice. In the context of child protective services, it includes factual knowledge about for example national policies and legal frameworks, local organizational policies and standards, and research-based knowledge such as relevant theory, findings from empirical research and other forms of systematic knowledge production, as well as various tools and guidelines, methods of intervention such as evidence-based programs, and of course, factual knowledge about cases such as the child's age and gender, family relations, school grades, relevant diagnoses, case history, etc. (Notably, *knowing-how* to make use of this knowledge to analyze cases, make appropriate decisions, deliver programs, etc. requires procedural knowledge). Here, I will focus mainly on the mobilization of research-based knowledge, because this form of knowledge has been the focus of debates over evidence and is viewed as key to the ideal of *explicit professionalism*. Research-based knowledge is mobilized in at least two important ways across the three agencies: First, it is mobilized *ad hoc* during case discussions. Second, it is mobilized via the organizational framing of the discretionary space, through the aforementioned *organizational mindsets*.

Ad hoc mobilization of research-based knowledge

The role of research-based knowledge in case discussions is not always evident, especially to the outsider. Still, it would be premature to conclude that it does not play a role at all. My observations show that research-based knowledge *is* mobilized during deliberation of individual cases; only this is often implicit and indirect. As one coordinator in Agency C describes it:

It is not like we sit and recite theories or ‘it says so in this exact report’; it is more a background mass of knowledge and an understanding of what is important (Casework coordinator, group interview, Agency C, December 2015).

For example, psychological attachment theory generally constitutes a common source of reference among professionals. As illustrated in the field note excerpt above, caseworkers often refer to attachment theory as a guideline when discussing issues concerning contact. Similarly, family therapists may refer to research-based knowledge about for example symptoms of sexual abuse, various theories from psychology, or draw on the research-based knowledge that underpins various (evidence-based) programs and therapeutic approaches.

Taking on a role as *knowledge broker* (Ward, House, and Hamer 2009b) or *knowledge mobilizer* (Ward 2016), who keeps up-to-date with research and other sources of relevant knowledge and mobilizes this during case discussions, is often an explicit or implicit part of the coordinators’ tasks. Likewise, psychologists are often brought forward by both agency directors, coordinators and managers as important contributors in this regard, because of the impression that they tend to keep themselves updated on the research literature to a greater extent than other professionals. Participants generally explain this as a result of the psychologists’ higher education and familiarity with research-based knowledge. The efforts of coordinators, and other professionals who may take on the role as knowledge brokers, are considered crucial to promoting knowledge-based practice. As explained by a service manager:

It is the part of making sure that there is always someone around the caseworkers, who can bring the knowledge we have from elsewhere, research and articles and the most recent, in play, when you discuss the cases (...) that we have used everything that we actually know. (Service manager, Agency C, September 2016)

Note how this ambition clearly reflects the ideal of *explicit professionalism* (Chapter 6). Most coordinators do take pride in, and sometimes also manage to make time for, reading and reflecting on research-based knowledge, and many seek to engage in activities such as reading professional magazines, newsletters from research institutions and other relevant organizations from time to time, just as they participate in information meetings and attend professional conferences. Still, far from everyone find themselves able to do so, and generally refer to a lack of time as the most prominent reason. This is not surprising, given that “lack of time” is indeed a well-known barrier in the literature on research utilization (cf. Chapter 2). One of the few who do make time to read books and research articles is a psychologist and service manager in Agency C, who refers to himself as “*the research geek*”:

The service manager explains to me that he keeps up to date via newsletters and other inputs, but that he actually prefers textbooks. They are valuable, because they gather all knowledge regarding a topic and provides an overview. Especially the American ones, which are often five times the length of those in Danish. The good thing is that they not only refer to empirical studies, as do meta analyses, they also include theoretical perspectives. Single studies are of no use to me at all, he says. They can say anything, they do not provide any direction. The good thing about this book (he holds up a book) is that it does not only review empirical studies, it also discusses them. (Field notes, Agency C, September 2016).

While coordinators do not always feel updated, they are generally considered knowledgeable, and do take the opportunity from time to time to reflect on more general issues that emerge from the discussion of a specific case. For example, a discussion of a case where one of the parents were in prison led the coordinator to reflect on the team's lack of research-based knowledge regarding children with imprisoned parents. The coordinator was aware that new relevant research existed, but that no one possessed this knowledge and hence no one was able to mobilize it in case discussions. Consequently, one of the participants was asked to attend an upcoming information meeting on the topic, organized by a social research institute, and share this knowledge with the team. In another example, a coordinator strongly urged a caseworker to familiarize herself with the literature on risk in general, and specifically the potential long-term consequences for children who have witnessed domestic violence. The coordinator explained that recent research has highlighted that children's reactions to such experiences may be delayed by several years. Therefore, even if the child seemed to be doing well at this point in time, the case file should reflect this knowledge and concern, so that the caseworker would remember to look out for potential reactions when following up on the case in the future.

Still, the lack of time on the part of both coordinators and other professionals to seek out new research means that research-based knowledge is often mobilized *randomly*, rather than systematically, during case discussions, depending on whether participants happen to be aware of the existence of studies or reports that speak to the matter at hand:

I think, it is probably more random, than it is planned (...) Mostly it is more along the lines of 'Hey, there is a new program, did you read about that?' *Mind to mind* [the name of a program offered by the municipality] or whatever it might be. You think, there is also some research and something behind it [the program], but it is more in that way that we use it. We often talked about dedicating some time to read some research and read some studies and something, but I mean, we just have to acknowledge that it only happens in your spare time, right? I mean, it is not an obligation, you know? (...) It would never come to be practiced, because we are busy. (Caseworker, Agency C, December 2015)

Professionals generally find research-based knowledge interesting, to the extent that it is useful in guiding decision- and direction-making. Still, professionals and managers point to the fact that general research findings rarely provide clear answers in specific cases (cf. discussions in Chapters 2 and 3). While research-based knowledge *may* have a direct bearing on decision-making, it is also often found lacking precisely in its ability to guide professional judgment. One recurrent example is the issue of contact (cf. the field note excerpt in the beginning of this section). The basic question for professionals is: Is contact with biological parents crucial to the development of a child, and therefore worth pursuing in – almost – any case, or is it potentially harmful and therefore best kept at a minimum? In the discussion presented above, the coordinator states that there is lack of clear research evidence to support either position. By reflecting on this predicament, the coordinator tries to mobilize awareness and provide an explanation for why different professionals may have different opinions on the matter. This reflection serves to explicate the process of reasoning involved in the exercise of professional judgment, and make the grounds for decision-making more transparent, and can thus be interpreted as an enactment of the ideal of explicit professionalism – but the issue is not resolved.

Interestingly, the casework coordinator in Agency C highlights precisely the issue of contact, which had been discussed in a meeting earlier on the same day, as an area where research has indeed provided a new direction for child protection work and serves to guide decision-making. The following is an excerpt from a formal interview, where the coordinator reflects on how research evidence may influence practice:

As was mentioned today, studies, research, points to the issue that children will always need their biological origin; those are the ones they return to and that are important to them, almost no matter how bad they are, there will always be an attachment to them (...) It is my experience that we are moving, and have moved, from saying that the child needs to be protected from its biological family, because there can be reason for that sometimes, but more towards that, no, it is not that the parents have a right, but the *child* actually has a right to its parents, its biological parents, its biological network. Because, and in spite of the fact that the child may react, and in spite of the fact that the parents are not always the most amazing parents, who can meet the child 100 % ['meeting the child' is professional jargon for parents' ability to understand and react to their child's needs in appropriate ways during interaction], but should you not be able to handle that? Because it is a given circumstance for the child, really. I believe I see a movement in that direction, and that is also what I try to bring in, when I have sparring with them [the caseworkers], to think along those lines. We need to make sure that the parents play a central role, unless it really is entirely wrong. (Casework coordinator, Agency C, November 2016)

Recent changes in the legal framework also reflect this shift in perspective, from viewing contact as a right of the parents to viewing it as the right of the child (The Consolidation Act, §71) (Hestbæk 2011), but there is still plenty of room for professional discretion when making decisions regarding contact. These circumstances are similar across the two municipalities. The main difference between the coordinators' different perspectives on the issue of contact seems to be that, in Agency C, the perspective presented by the coordinator appears to be embedded in the organizational mindset: It is thus an *organizationally acknowledged truth* that this is the appropriate way to think about contact, while the alternative guiding notion (that the child has a right to be protected from its biological parents) has been abandoned.

Before I consider the role of organizational mindsets in more detail, it is worth noting that research-based knowledge is also sometimes mobilized indirectly, to *negate* professional status outside of recognized professional jurisdictions. For example, professionals sometimes state that a case calls for theories or diagnoses which 'belong' to a different professional field than their own, as a way of implying that the task lies beyond their own expertise and should be referred to someone else. For example, during a case discussion among family therapists, a therapist repeatedly states the need to bring in professionals with the right expertise to act on her observation that a child appears to suffer from selective mutism. Yet, while professionals may place limits on themselves to stay within their own field of expertise, they do not always do so, and it is an important function for the coordinators to manage discussions and ensure that participants do not overstep professional boundaries. They try to do so by correcting participants and encouraging them to be precise about what they know and *do not know* for a fact, as illustrated in the field note excerpt below:

Monday afternoon, time for the family therapists' regular case discussion meeting. A family therapist has agreed to lay out a case to be discussed by the team, though she did not prepare to present it. As she talks, the coordinator notes the facts of the case on a big poster, so that they are visible to everyone during the discussion. Well into her presentation, the family therapist explains that the father suffers from paranoia. The coordinator calmly interrupts her: "Let us not call it paranoia, when it has not been diagnosed", she says. "I will write 'fear of bacteria' instead." Later, another therapist says that the child in the case is "afraid of the world". The coordinator immediately adds: "And that is your *hypothesis*, because this is not something that she has told you herself." (Field notes, Agency B, May 2016)

Organizational mindsets as means of mobilizing research-based knowledge

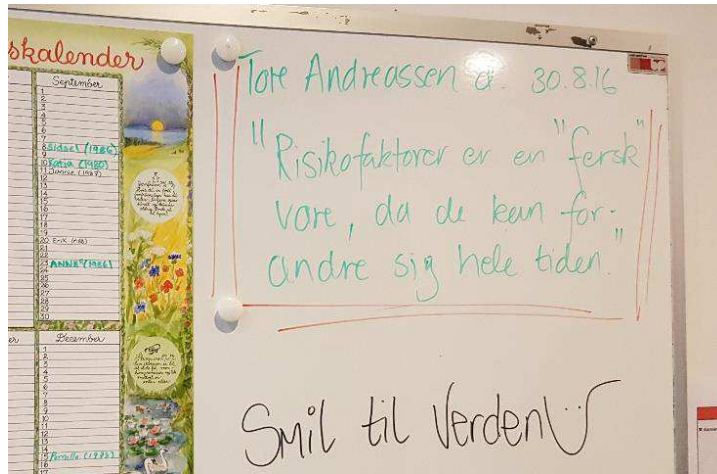
The organizational mindsets play an important role in helping professionals navigate the difficulties involved in making use of research-based knowledge and the implicit requirement to

keep up with a changing knowledge base. As previously discussed, the organizational mindsets are presented as ‘knowledge-based’, because they are underpinned by different sources of propositional knowledge, including research-based knowledge (regarding for example the role of risk and protective factors, the lack of positive outcomes of placements in residential institutions, and the importance of schooling), as well as general orientations such as systemic and solution-focused thinking or the normalization perspective that characterizes *Herningmodellene* (i.e. that children have a right to live their lives as close to ‘normal’ as possible) (cf. Chapter 6).

Specifically, the organizational mindsets outline the focus and direction of the work by mediating multi-faceted and potentially confusing research-based knowledge in a way that renders it *directive* for practice. This means that professionals do not need to engage directly with different sources of research-based knowledge and seek to make sense of it on their own, as this has already been done by academic staff members. Based on agreement among higher-level managers and professional development consultants regarding the approach and goals of the work, professionals are offered persuasive arguments, underpinned by references to research, and are consequently expected to use these arguments to guide their professional reasoning and decision-making, and to justify and communicate this reasoning to other stakeholders – including citizens and external professionals with whom they collaborate.

In Agency C, the research-based knowledge and ways of thinking that underpin the organizational mindset is both visible and audible in daily practice in the form of various heuristics, metaphors and mottos, which decorate whiteboards in the hallways and are regularly heard in discussions among professionals. For example, professionals speak about “*going forwards into the case*” (i.e. working proactively and focus on prevention rather than “*putting out fires*”), they work with “*special plans, not special places*”⁵⁴ (i.e. the money should follow the child, to enable them to stay in normal schools and homes, rather than being spent on expensive specialized institutions; this is part of the aforementioned normalization perspective, which is based on research about the counterproductive effects of out-of-home placement in institutions). Once in a while, someone reminds themselves or others that “*if you cannot explain it, you cannot defend it*” (signaling the standing requirement to explicate professional reasoning), and a whiteboard in the hallway reminds everyone that “*risk factors are fresh goods, they can change all the time*” (i.e. you need to reassess the situation on a regular basis), with a reference to Norwegian researcher Tore Andreassen’s recent visit.

54 I overheard different versions of this during my fieldwork, where “plans” was interchanged with either “children” or “money”. The message was the same, regardless of the noun.



(Photo, Agency B, September 2016)

As part of the implementation of *Herningmodellen*, professionals are educated in the perspectives that underpin the new practice. This is done through discussions in team meetings and at big events called *knowledge days*, where scholars are flown in from other countries to present their research. In one meeting, the group of casework coordinators discussed with the service manager what should be required reading for new caseworkers, who come to join the agency in the future:

Coordinators' meeting (halfway through the agenda): One of the service managers has asked the coordinators to suggest literature that caseworkers should read prior to starting work in the agency. They are already required to read a workbook, which explains the thinking, methods and tools that constitute the organizational mindset, and refers to the research-based knowledge that informs it. One of the coordinators mentions the name of two researchers, "that is common literature for everyone", she says, and adds one more name to the list. Another coordinator suggests that they sit down and take their time. Who wants to do it? There is a long silence, one says she does not have time to read; another one volunteers, but states that research literature is not her forte. A third coordinator remarks: "But they already get the workbook, isn't that plenty? Even before they begin!", and the other says "there is so much, it's difficult... they need to know the law and the researchers that we base our approach on, but it's difficult to point to something specific." The third coordinator continues: "Herningmodellen and the law is what we expect them to know! We do not have to do this, just because the psychologists do it. They can read when they get here." She is interrupted by the other: "Also for example the studies by SFI [The National Centre for Social Research], why is it that we place children out-of-home in the way that we do?" (Agency C, September 2016)

Besides providing directions for the exercise of professional judgment, the organizational mindsets also comprise tools to aid discussions and decision-making. For example, in Agency A and B, case discussions are regularly (but not always) structured according to the Signs of Safety method, which involves structuring the discussion according to three headlines: What's working well (strengths and demonstrated safety)? What are we worried about (harm and future danger)? What needs to happen (safety goals and next steps)?⁵⁵ Importantly, the structure is made visible to all participants: Depending on the space and available artefacts, a whiteboard, the glass wall or large pieces of paper will be divided into three columns according to the three headlines, and participants' comments will be noted where they belong, so that everyone has the chance to consider the perspectives of others as they debate the case. The method enables structured discussions, even among participants who do not know each other very well. Walking around the two agencies, remnants of earlier enactments are clearly visible, as outlines of the three columns or headlines are regularly left on boards and posters (which have otherwise been cleaned to leave no trace of case-specific details).

Making time for systematic reflection

In daily practice, the main challenge is for professionals to fully understand and make sense of the different aspects of the organizational mindsets; a task which is to be facilitated by the coordinators. During formal interviews, coordinators from different agencies explain how it is their ambition not only to mobilize research-based knowledge on a needs-basis, in relation to specific cases, but also to make time for reflecting more explicitly on research-based knowledge and particularly the different aspects that underpin the organizational mindset. While the directive function is important, coordinators in both municipalities emphasize the need for professionals to not only be *introduced* to new tools and theories, but to fully *understand* them. This is imperative, both for professionals to be able to use this knowledge analytically in their own work, but also for their ability to convey their reasoning to the involved citizens. An example of this is coordinators' ambition to make time for discussions of research on risk and protective factors; an important source of inspiration behind *Herningmodellen*, which also underpins both the orientation of daily practice and the *Close to the Family*-project in the Municipality of Copenhagen. The coordinator in Agency B explains:

55 <https://www.signsofsafety.net/>

We are, in this team, concerned with developmental psychology for children, and the evidence that has been produced, among others Øyvind Kvello⁵⁶, who describes risk factors in children's lives. So, how do we systematically consider this, when we discuss cases? And my wish has been, and what I have tried to work with in the team, is to use the risk factor check list [in Danish: *risikoskema*] that he has made, to become more precise [in Danish: *skarpere*] and be able to document the analytical steps. I mean, how did we get here [to this conclusion], that this is concerning for a child? Because we need to be able to explain it to parents, so it is not enough to say; 'It says so on page 248, that it is like this'. We need to understand it, read it and transform it into practice, and communicate it. So that is one of the places, where I think I have a big task in helping to translate it. From theory to practice to casework, to transforming it again, using it in one's analysis, in one's work, when you follow up on the case or need to decide on something else and communicate it to parents. (Casework coordinator, Agency B, October 2016)

Later in the interview, the coordinator returns to this ambition and repeats the need for caseworkers to be able to not just tick a box on a check list, but to understand *why* so-and-so could be a risk factor for a child, by understanding the research behind it: "*How did this, you might say, evidence come about?*". In Agency C, the coordinator similarly emphasizes the need to take time to reflect on theory and evidence in a broader perspective, and not just on an ad hoc basis in relation to specific cases:

I ran a process, and I need to start that up again, where we simply bring up a theme on a team meeting. It could be for example the Steps of Intervention [*Indsatstrappen*]: 'How do we work with it?', 'What does it contain?', 'What is the thinking behind it?', 'How do we understand it?' (...) You need to be attentive all the time to try to make them mindful of, what is it that we do? And be reflective about, why do we do it, and in which direction do we need to go? (Casework coordinator, Agency C, November 2016)

The coordinators' reflections point toward the intertwinement of propositional and procedural knowledge in practice: What does it take for research findings and theories to become *usable*, in the sense that they can be mobilized to guide reflection and action? According to the coordinators, for professionals to make proper use of insights derived from research – and moreover, to be able to communicate their own reasoning to citizens – they must understand the reasoning that underpins the research. Coordinators generally believe that research evidence, even if it has already been transformed into check lists, heuristics or tools, still needs to be discussed, inter-

56 Øyvind Kvello is a Norwegian university researcher, PhD in developmental psychology, and author of the book *Children at Risk* [Danish version: *Børn i risiko*, Forlaget Samfundslitteratur, København 2013]. I noticed several copies of the book during my fieldwork in all three agencies, and later realized that it has come to serve as a standard reference work in Danish child protection services, cf. <https://vidensportal.dk/temaer/Omsorgssvigt/risiko-og-beskyttelsesfaktorer>

preted and made sense. A checklist is not worth much, if professionals do not understand why it has those particular categories in it, and how they came to be. As the casework coordinator in Agency C phrases it, professionals need to “*get their hands on it*” [*få det mellem fingrene*], if it is to make a difference.

In the pilot project in Agency C, which preceded the current restructuring of the organization, systematic reflection on research-based knowledge, practical experiences and theories of change that guided the development of the new model was scheduled to take place on a weekly basis during the first six months. On these occasions, research, methods and tools would be presented and discussed among professionals, to develop practice and build a common knowledge base across the different professional groups. According to one of the caseworkers, who participated in the pilot project, the research that was presented to the team on these occasions has now become “*an integrated part of the way you perceive a problem*”, even if the theories and evidence are rarely directly referred to in case discussions (Caseworker, Herning Municipality, December 2015). A casework coordinator explains in a similar way how being exposed to this research-based knowledge has influenced her reasoning:

Sometimes it is also the awareness and something that perhaps you already know from, but without knowing it *enough*. I mean, it is about getting some extra layers to your knowledge. Anyone can think to themselves: ‘No, it is probably not that great to grow up in an institution’, but when you are suddenly told that there are so many things that make it *not good*, and what could you do instead? And if you [the child] are really going to the institution, what use will you make of it? And who should they be there with, to cause the least damage? And okay, in six months, the benefit is maximized, then they need to go. Things like that. I think that knowing this makes you think differently about it than you used to. (Casework coordinator, Herning Municipality, December 2015)

Both participants emphasize that the research-based knowledge that underpinned the pilot project – and now *Herningmodellen* – had the important quality of being intuitively meaningful and aligned with “*common sense*”. This greatly increased its acceptability.

Coordinators point to case discussion meetings as the most relevant venue for engaging in this type of collective reflection. However, the kind of organized systematic reflection outlined above is rarely exercised outside the context of *projects*. Instead, the mobilization of research-based knowledge depends on the possibilities and initiatives of individual professionals to keep themselves updated, and subsequently on the actual participation of these individuals in case discussions, which may or may not leave time for reflecting on general issues and not just deal with specific cases. Coordinators readily acknowledge that their ambitions to set time aside for this kind of reflection are often hampered by “*daily operations*” and “*all kinds of other things*”

that seem to get in the way. This assessment is substantiated by my observations, in which this type of reflection does not take up a significant amount of time compared to more immediate matters of concern.

7.3.3 Mobilizing procedural knowledge: Explication and documentation

In Chapter 3, I also emphasized the importance of *procedural knowledge* in professional work. To be an accomplished caseworker involves the ability to gather information, analyze cases and exercise professional judgment, and mobilize relevant propositional knowledge in the process. Caseworkers need to *know-how* to relate different sources of propositional knowledge (e.g. the law, organizational policies, research-based knowledge and theory) to specific cases, to analyze the situation, and communicate with a broad range of stakeholders. As will be unfolded below, the ideal of explicit professionalism, which pervades daily practice in the three agencies, means that the mobilization of procedural knowledge is crucial not only in terms of *performing* the work, but also in terms of the ability to *explicate and document* the different processes that underpin it. Hence, it also involves knowing how to verbalize one's reasoning and handle standardized documents and digital case filing systems. The analysis shows that the changing requirements associated with the ideal of explicit professionalism are prevalent for all professional groups, but the main focus is on caseworkers. Specifically, I show how casework coordinators constantly seek to mobilize procedural knowledge, as they support caseworkers in navigating these requirements.

Dealing with changing requirements

Weekly team meeting. Last issue on the agenda is the digital case filing system. Anna, the “super user”, explains that updates have been cancelled a couple of times, but now the system will be updated on Thursday morning. She says that the agency writes 87 % in standardized forms, “they were impressed” [not sure who she is referring to, probably higher-level management or academic staff]. Good job, says the coordinator. But, Anna continues, the goal is 100 %, and that will be a performance indicator now, so remember it! Especially in regard to the 24 hour-screening requirement in relation to notifications of concern. They are going to draw the data. The coordinator asks if everybody knows what we are talking about? One of the caseworkers says she has a little reminder on her computer screen and the group agrees that she should make copies for everyone. The coordinator asks: When will they draw data next time? Anna says she does not know. Someone remarks that “it is good that they can find something to do”, and someone else says “why do you think the public sector is growing?”. The remark is followed by laughter from the group. Anna repeats that they need to remember this, she just spent a long time re-doing cases where forms were not filled out correctly! She explains a bit more and promises to set up a teaching session. (Field notes, Agency B, October 2016)

As noted in Chapter 4, legal frameworks governing child protection casework have been characterized by increased process regulation (Hestbæk 2011). Caseworkers spend large amounts of time trying to live up to these regulations, and the documentation requirements that accompany them, and generally seem eager to receive all the help they can get – well aware that higher-level authorities, such as the local Children and Youth Committee and the national Appeals Board (*Ankestyrelsen*), may look over their shoulder any time. A large part of the work involves handling the standardized forms and it-systems which, in the two municipalities, constitute the case files: filling out forms and placing arguments where they need to be, ticking the right boxes to document that required actions have been performed within the deadline, and so on. When filling out standardized forms, newcomers are faced with all these tasks at once.⁵⁷ It is not uncommon to hear some swearing, as caseworkers seek to make sense of the standardized forms and work around annoyances in the system (for example, that text cannot be copy-pasted between documents, and that fonts and headlines cannot be changed to match the caseworkers' needs to structure the text).

While it-systems do not always run smoothly and require some technical understanding, the most pressing concern for professionals is the sense that the systems and standardized forms often fail to support their work in a logical manner, for example because standardized categories do not match the form of argumentation that is implicit in the legal framework, or in their professional training. Consequently, newcomers often need support from both coordinators, with regards to explicating their professional reasoning, and from colleagues who are dedicated “*super users*” [*superbrugere*], with regards to navigating the it system.

Coordinators sympathize with the troubles of the caseworkers, and also sometimes voice their complaints over IT systems and requests for standardization, but still repeatedly emphasize the need to ensure that case files contain the required documentation and transparent argumentation. Some caseworkers would make a point of requesting sustainable solutions instead of ad hoc workarounds, arguing that “*we should all be doing it in the same way!*” (Field notes, Agency A, September 2016). One day in Agency B, the coordinator is trying to make sense of a case that was handled by a different agency several years and now has to be reopened. Going through the old case files, the coordinator is having a hard time figuring out which decisions were made and why. Upon reading aloud the three lines that constitute the last entry in the old case file (which simply state that the intervention was terminated, but give no reason why), she exclaims: “*you would not have gotten away with that today!*”. Later, assisting a newly hired

57 Despite the efforts of some actors in the field, IT systems are not standardized, meaning that caseworkers who change workplace may have to learn a new system, and that cases cannot necessarily be transferred easily, if citizens move.

caseworker with documenting a case in the digital case filing system, she makes a point of the need to explicate the reasoning behind decisions:

Individual case review. The new caseworker, Charlotte, reads aloud the headlines in the standardized forms. The coordinator looks dissatisfied: 'Is there not a place for you to write the judgment in the Action Plan? Then it must be a part of the 'Basis for concern' [i.e. one of the other categories in the form]. I tell you, those forms do not match the law!' Charlotte heartily agrees: 'Hell no, they don't!'. As the coordinator briefly leaves the room, Charlotte keeps writing and swearing below her voice: 'It is impossible to write in bold in these forms!'. A short while later, the coordinator has printed out the form. Reading through it, she tells Charlotte: 'When we sit with these forms, there are all kinds of intermediary reflections, and it is a help to note down how we get from one thing to another. For example, that we have reconsidered and revised the Action Plan, because we go from out-of-home-placement to returning-to-home [in Danish: *hjemgivelse*]'. Charlotte agrees: 'But the headlines are missing', she says, 'so you easily forget!' (Field notes, Agency B, October 2016)

The explicit comparisons between 'then' and 'now' signal an awareness of the broader institutional and political context of everyday practice. During a break, a seasoned caseworker tells me that she used to be a service manager in a different municipality, where she worked for nine years. During this time, the increasing demands in terms of financial management, weekly and monthly reports, performance indicators and the like eventually changed the content of her role as manager so much that she felt alienated from her profession and decided to return to being a caseworker.

Similarly, coordinators across the three agencies all share the experience that requirements have changed; they must be more efficient and live up to strict standards. Over lunch, the casework coordinator in Agency A explains that some caseworkers expect too much from the agency: They do not recognize that "*there are some conditions*" under which both they and the managers must perform their jobs and complain all the time. Many of the old caseworkers have left their positions during the past years, because they were having a hard time adjusting to what the coordinator refers to as "*the new norms*". The new caseworkers are different, the coordinator says: They are curious and take the time to pursue new knowledge; "*they pull each other up, instead of dragging each other down*" (Field notes, Agency A, September 2016). But even if times are changing, coordinators still point to the room for improvement in terms of documenting decisions:

The problem is, that I can see that we are not much better at documenting it. We do not write down that 'I have discussed this with the parents. I have told the parents that the rules are like this. I have asked them what they want, or how they react to...' (...). I

mean, it is a legal document, the case file. It is an insanely important document. [The coordinator goes on to explain how it has therefore become a habit to write down what is discussed during individual case reviews]: We talk about parts of the case, which constitutes a judgment, because what we talked about often leads to some kind of change for the citizen, and we need to document that in the case file (...) so I write it down, and then I send them a copy, and they can paste it into the case file (...) so that the citizen will also be able to identify the intermediary results, and I do not think that they can always do that today. (Casework coordinator, Agency B, October 2016)

Similar concerns are salient when it comes to Action Plans, which ideally serve several purposes: They are a kind of contract between the agency and the family, stating the purpose and goals of an intervention, to which all parties have agreed. They provide the family with an explanation of the reasoning on the part of the agency, and explicitly state what is needed for the case to be closed. And they function as a tool for the caseworker to evaluate progress, as the intervention is carried out. In reality, these ideals are only beginning to be realized.

In Agency C, the coordinator and a caseworker are looking through the old action plan of a case for which the new caseworker is now responsible. They are quiet for a while, as they try to make sense of the 39 different goals that are listed in the plan, but both end up shaking their heads with a repressed laughter, before agreeing that this is indeed difficult to work with. Later, the coordinator tells me how the agency is currently swamped in old action plans, which all need to be revised with an emphasis on making clear and manageable goals according to the SMART-criteria, to allow the caseworker to evaluate if progress has been made. Before the current organizational restructuring, caseworkers would have to deal with so many cases, that service providers were often left more or less to their own devices and came up with their own goals. The stated goals in the Action Plan would mainly play a symbolic role when the caseworker evaluated if progress had been made; instead she would lean on the service provider's own evaluation. Today, things are different: Caseworkers have fewer cases, they are required to follow up more often, and goals are to be used actively in conversations with citizens and service providers. (Field notes and interview, Agency C, September 2016).

A similar message is conveyed to caseworkers by the casework coordinator in Agency A. Going through the requirements for systematic casework during an internal training event, the coordinator explains that the Action Plan needs to contain a clear purpose and explicit goals, that it needs to be very clear how the recommended intervention meets the purpose, and that goals should enable follow-up and evaluation. He ends his talk by telling caseworkers that they need to forget "*the old-fashioned formulation about 'well-being' and 'positive development'*". As goals for an intervention, these formulations are "*way too diffuse*", he says and continues in an authoritative voice: "*That is no longer how we produce Action Plans!*" (Field notes, Agency A,

September 2016). The Action Plans thus come to reflect the differences between old and new requirements and ideals for practice, rendering the fact that child protective practice is in transition highly visible, even to the outsider.

Likewise, family therapists and other professional groups are facing similar demands to explicate their practice. The family service coordinator in Agency A explains how it is no longer like in the old days, where therapists would simply note their reflections in “*little private notebooks*”, as they saw fit. Today, they must be more organized. Especially therapists, who train to become certified in evidence-based programs, face extensive documentation requirements, including video recordings and written reflections which must be approved by external supervisors. But all forms of family therapy involve increased requirements to evaluate and document the content and progress of the intervention, using standardized forms which feed into the shared digital case filing system. While the changing requirements may manifest differently, and the nature and speed of change vary across agencies and professional groups, they all seem to be moving in the same direction: towards the demand for explicit professionalism.

Practicing the principles of systematic casework

As mentioned in Chapter 6, expected criticism with regards to the prevalence of errors in case files prompted a managerial initiative in Copenhagen Municipality aimed at improving practice in this regard. The initiative asked casework coordinators in selected local agencies to go through a number of closed cases and retrospectively check them for errors, in order to correct them and learn from any patterns that might emerge. Concurrently, a check list was produced with the purpose of assisting caseworkers in keeping track of the different requirements associated with each step of the casework process, in an attempt to avoid future errors. As explained by the Agency Director, it is part of the management’s responsibility to provide the caseworkers with such tools, to assist them in navigating the complexity of the work.

Both caseworkers and coordinators welcomed the check list and found its innovative format (which imitated paint color cards) very handy. Notably, even seasoned caseworkers, including coordinators themselves, are not always able to navigate the complexities of the frequently changing legal framework, or figure out how different frameworks fit together, and so regularly find themselves in need of consulting legal experts when faced with more demanding cases (typically regarding out-of-home placements). However, as I have already touched upon, coordinators also emphasize that such check lists risk creating confusion rather than clarity, if professionals do not understand the logic of the legal frameworks that underpin it. This requires a basic appreciation for the intentions of the law and the perspective of the citizens it was made to serve. Like Øyvind Kvello’s risk check list and the Steps of Intervention, this new checklist is potentially a valuable tool, but only if professionals fully understand the background and inten-

tions behind it and the logic that it represents. Coordinators find that this is best developed through practice-based learning and reflection.

As illustrated in the beginning of this section, coordinators can take the opportunity to explain principles and logics of casework during case discussion meetings; for example, by laying out the necessary order of the different steps involved in processing a particular case and generalize this to other cases, or by reflecting on the best way to communicate a decision in a letter to the parents, emphasizing both specific and general considerations. In this way, coordinators seek to convey the principles of ‘systematic casework’; an organizational term used by coordinators and higher-level managers to describe the ideal practice, with a specific focus on meeting legal requirements and explicitly grounding decisions and actions in the relevant paragraphs and intentions of the law.

The main mechanism for mobilizing procedural knowledge is inductive, as coordinators translate specific actions into examples of generic procedures – for example, during an individual case review, the coordinator would say to the caseworker: “*What you are doing now is actually a closure [afslutning]*”, and then go on to explain the steps related to doing a ‘closure’ in the legal sense of the work. In another case, the actions of a young man are translated into the language of the legal framework: “*What he is doing, when he does that [i.e. stops spending the nights at the institution] is that he is actually recalling his consent [to be placed out of home]*”. This is important, because the intervention was based on the consent of the young man, and so it cannot be continued against his will. Legally, this means that the intervention must stop. Later, the caseworker is reminded to “*make sure to note that we do not consider the purpose to be fulfilled*”. This again reflects the wording of the law and also serves as documentation of the reasoning behind the decision. Hereby, the agency is also safeguarded from being accused at a later time of having prematurely terminated an intervention without having fulfilled the goals stated in the action plan (Field notes, Agency B, October 2016).

At other times, a coordinator might formulate the correct wording of a decision orally, while the caseworker types it directly into the case file, or assist caseworkers in writing letters to citizens, reminding young and eager caseworkers of citizens’ needs to *understand* the decision, including on what grounds it has been made, what will happen next, and what their rights and options are – and that this information should be communicated in an appropriate tone: i.e. authoritative, but not intimidating, because they still need to cooperate. For these encounters, one of the coordinators make a point of always bringing along a huge and heavy book detailing the legal framework. While discussing the cases, the coordinator frequently searches paragraphs and formulations, thus providing an example of how the intentions and formulations in the law can and should be used to undergird every decision, which again should be reflected in case files

and in the communication with citizens. The aim of this *role modeling* is to enable caseworkers to reason along these lines independently. New caseworkers regularly express their gratitude to the coordinator for talking them through the process, well aware that they would not succeed on their own.

7.3.4 Mobilizing personal knowledge: An invaluable guide to action

As has been discussed in previous chapters, debates over evidence-based practice often involve criticism of professionals for relying too much on tacit knowledge, habits and beliefs, and too little on explicit, codified and preferably research-based knowledge. In light of this discussion, the analysis so far illustrates that professional work must necessarily rely on different types of knowledge, all of which have tacit and explicit components. Research-based knowledge is certainly valued in the three agencies and is mobilized in different ways to inform decision-making. But while it may point out a direction for the work, it rarely provides clear answers. Figuring out the relevance of various sources of propositional knowledge (including the law) in relation to a specific case, and actually performing the work involved in processing a case, making use of relevant tools and case filing systems, requires procedural knowledge. In addition, possibilities are constrained by a range of other factors that must be taken into consideration when exercising judgment; not least the abilities and willingness of citizens to participate in the coproduction of services. The latter requires *personal knowledge* of the child, parents and other citizens who are involved in a case.

Mobilizing personal knowledge through imagery and body language

As discussed in Chapter 3, personal knowledge, or knowledge-by-acquaintance, is a form of experiential knowledge with a strong tacit component, which is therefore difficult to verbalize. Yet, personal knowledge of cases is generally considered a prerequisite for doing good work. Actually meeting citizens in person is viewed as essential to get what professionals generally refer to as a “*sense*” of the case, and hence to be able to figure out the best way to proceed:

I think there are many things you cannot read your way to, and also you cannot, you need to have a relation to the citizens to be able to cooperate towards a goal (...) This sense of what would be the right intervention for them, and I know that ‘sense’ sounds a bit unserious somehow, but something happens, and you can hear it if someone is assigned a new case: ‘I have to get into it. I need to talk to them, I have to meet them to gain a picture of what kind of family this is’. (Casework coordinator, Agency C, September 2016)

Since a large part of professionals’ work (more for family therapists and less for caseworkers) is carried out “frontstage”, i.e. interacting with citizens, “backstage” case discussions and deci-

sion-making rely to a great extent on professionals' ability to mobilize and convey personal knowledge stemming from these interactions to their peers, to explicate their inferences and the 'evidence' on which they are based, in order to solicit meaningful and useful suggestions on how to proceed. It may also be that interacting with a child or its parents has prompted a kind of reaction usually referred to as "*gut feelings*". As I will discuss in more detail below, gut feelings are generally acknowledged as a valuable guide to action. Still, casework coordinators are well aware that gut-feelings may be unwarranted, and that they certainly do not belong in the official case file, which has to be approved by the parents. The casework coordinator in Agency A explains:

When you make an Action Plan, you cannot always write, we may have some suspicions about the family, we may have some judgments about the family that can be difficult to describe in writing, because everything written has to be sent to the family for a hearing. (Casework coordinator, Agency A, September 2016)

The casework coordinator in Agency C presents similar reflections, and emphasizes an important fact, namely that personal knowledge may nevertheless have important implications for the choice of intervention:

Even if we think we write a lot in our case files, because we have to do that, you cannot always describe the full picture of a family, because you may also have an impression of how well does it work, for example a parent, cognitive function or something like that, but it is not something that is documented, you did not see a psychological review of the person (...) so you cannot write that in your case file that 'I think Mother seems cognitively impaired', there is no use for that, but it still has an implication for what kind of support you would choose. (Casework coordinator, Agency C, September 2016)

In other words, while all relevant information regarding a case is (ideally) contained in the written case files, stored in digital systems and hence accessible to others, it is sometimes rather difficult for caseworkers to convey all relevant aspects of their personal knowledge in standardized written formats. Hence, this information cannot necessarily stand on its own. Hence, professionals often seek to mobilize personal knowledge, to supplement the information in the case file. This is often done through the use of imagery such as metaphors. In one discussion, a family is described as "*four little islands*", which makes the coordinator ask: "*If this is how you see them, then how can you make them paddle to each other?*". Later, a family therapist tries to explain her experience of the relationship between a little girl and her father by telling her colleagues how the little girl would always be crawling on the father during visits, "*as if she is literally trying to get under his skin*" (Field notes, Agency B, May 2016).

In addition to this kind of imagery, case discussions often exhibit an abundance of body language, facial expressions, gestures, postures and mimicking voices, to imitate the reactions and emotions observed by professionals when interacting with citizens. The following is an example from a case discussion meeting in which one of the younger family therapists, who is certified in the evidence-based method Functional Family Therapy (FFT), has volunteered to share a case (the same situation that I discussed in relation to dealing with resistance, cf. above):

The therapist states the facts of the case; the coordinator notes these on the whiteboard and draws a genogram of the familial relations together with names, ages and keywords. She asks about the goals in the action plan and the reason for choosing FFT; the therapist answers. And you just started, the coordinator asks? The therapist confirms. It is a typical divorce case, she says, with parents who are not in contact with each other. I have to divide them and do a double program, because they will not have anything to do with each other. I only just started and had two conversations so far. The coordinator nods: And then something happened last week, can you tell us briefly? The therapist begins: It is about (long pause); I think Father is difficult to handle. She continues: There is a lot of resistance. They come in, they will not take their jackets off, they sit like this (she slides down in her chair), they will not answer at all when you try to make small talk, one brother hangs over the table (she leans her upper body forward and let it fall over the table, arms over her head), the other ones sit like this (crosses her arms tightly). (Long pause. Red spots have appeared on her neck, her voice is trembling). The last conversation was very uncomfortable, in terms of having Father in the room, I don't know where to begin in order to explain. She looks up at the coordinator. Start anywhere, the coordinator says, it doesn't matter. (Field notes, Agency B, May 2016)

As the therapist tries to explain her predicament, she intendedly uses body language to illustrate how the father and other family members openly express their lack of interest and unwillingness, by imitating their bodily movements; later she repeats the father's exact words, rising in her chair to illustrate his overwhelming stature against her own, and mimics their inside jokes, all in an attempt to explain the nature of the resistance she has encountered. The bits and pieces of experiences and information eventually form a more coherent picture, in which it becomes clear that the therapist feels highly uncomfortable in the situation, threatened by the father's resistance, and is uncertain of how to move on. Moreover, while she intendedly uses her body language to convey the nature of the situation and the reactions of the involved citizens, her body language also unintendedly reveals aspects of her own emotional reaction to the experience (and the experience of sharing it): As she speaks, her voice begins to tremble, red spots appear on her neck and spread to her cheeks, and the feeling in the room, full of lively chit chat just moments earlier, becomes focused and intense.

The role of genres

During the discussion, several participants express their sympathy, acknowledging her efforts by stating that *“it is so difficult to work with resistance”*, and reminding her to *“take care of herself”*. Several comments from participants signal that they have had similar experiences or are in other ways able to relate to her story. As noted above, most professionals have had to deal with resistance from citizens in one way or another. Hence, we might say that “resistance” is a professional equivalent of an organizational *genre*: a tacit form of group knowledge which is meaningful within a community of practice (Cook and Brown 1999) (cf. Chapter 3). There is of course a fundamental difference between this form of group knowledge and the personal knowledge about the specific case held by the therapist. While she has been able to verbalize some aspects of this knowledge, and convey other aspects through body language, a great deal remains tacit. Still, she has been able to convey enough of her experience for participants to recognize a similarity with some of their own experiences, which belong within the same genre, and create a common ground for the discussion.

All along, the coordinator asks open questions, encouraging her to continue. After a while, the coordinator introduces the word ‘hypotheses’, in an effort to focus the therapist’s and other participants’ attention on possible explanations for what is going on. She insists on keeping them focused on this issue, before moving on to suggest how the situation might be alleviated. At one point, one participant, a young psychologist, suggest a possible way forward, but the solution is rejected by the therapist, who does not find it feasible at this point. The colleague keeps pressing the suggestion, until the coordinator interrupts and instructs everyone to take a step back and not pursue solutions at this point or make the therapist defend herself. Another, older, psychologist remarks: *“It really rubs me the wrong way when we do that, I would not be able to listen to all of that (...) This is not a negotiation, we have not been in the room, we do not know them.”* (The first psychologist later apologizes for misunderstanding the situation and overstepping the boundaries).

This incident illustrates that the therapist’s personal knowledge is generally regarded by her colleagues as trustworthy (as was also the case in the lengthy excerpt from a discussion among caseworkers regarding the issue of contact presented above). The second psychologists’ comment signals that what the therapist is able to convey to the others is to be considered only the tip of the iceberg. Therefore, personal knowledge is not up for *“negotiation”*, as she phrases it. Because of the fact that the interaction with citizens is often handled by professionals individually, others rarely have the possibility of directly verifying their perceptions and interpretations of the situation, and they generally appear to refrain from doing so. Yet, they may very well question the inferences that professionals draw on the basis of their personal knowledge. The example further suggests that group knowledge, i.e. genres, which are shared within a commu-

nity of practice, both serve to create common grounds for discussion and to enhance mutual trust and empathy, by enabling participants to imagine themselves in each other's shoes.

Gut feelings and expert intuition

The so-called “*gut feelings*” that personal knowledge sometimes gives rise to, generally enjoy a precarious status in child protection practice, viewed simultaneously as essential to the work and highly questionable. Both professionals, coordinators and service managers generally underscore that gut feelings are, and will always be, an essential part of the work; a position which is shared by higher-level managers and academic staff members in both municipalities. However, as discussed in Chapter 6, the term is also often used in debates about the quality of child protection services to justify calls for evidence-based practice. In this context, it is used to express a reliance on emotional reaction rather than cognitive reflection and is closely related to the notion that decisions are often made on the basis of unwarranted “opinions” (in Danish, participants generally use the neologism “*synsninger*”, which is somewhere in between opinions, attitudes and beliefs). Reflecting on these debates, a caseworker questions the widespread criticism of gut feelings in professional work:

It is presented like, by the minister at the time, as if you made some kind of decision based on that gut feeling, and children were close to being placed out-of-home based on that, and perhaps they were, but not *just* on that, but that's what gets it started, you might say, right? You think ‘there is something here’, yes, and of course, this is not something you can do, the day you walk in as newly educated, but you have *something* that brings your attention to some things. (Caseworker, group interview, Agency C, December 2015)

While personal knowledge and gut feelings are generally considered valuable, their usefulness lies in the fact that they are considered starting points: Service managers and coordinators generally take the position that gut feelings must be recognized, but also questioned and scrutinized and their validity examined, if they are to be useful in guiding decision-making. As a casework coordinator notes, reflecting on the caseworkers' comment above, the next step is to ask:

How can we investigate it? How can you clarify this feeling? And what can you do about it, right? That is where professionalism comes in, I think, and professional judgment. (Casework coordinator, group interview, Agency C, December 2015).

In other words, the ability to react to one's gut feelings is generally considered an integral part of what it means to be professional, and the conditions of having to act on the basis of multifaceted uncertainty (cf. above) only serves to underscore this. *Not* reacting on one's gut-feelings

could be much worse than the alternative, as indicated by the following conversation between a coordinator and one of the newcomers among the family therapists:

The coordinator and I are sitting in the office eating our lunch from the canteen, when a young psychologist pops in. He glances at me before turning to the coordinator with a questioning look in his eyes. ‘Oh, it’s fine, that is just my fly!’, the coordinator says with a laugh. The psychologist looks at me again and nods, before picking up on an earlier conversation with the coordinator: He just had a long discussion with the caseworker, he says. He was very worried after having seen the child, but was unsure if there was reason to be – was it a small or a big concern? So, he decided that he needed to call a meeting. Now he feels better, because he managed to get some clarity from talking to the caseworker. Getting her perspective helped him deal with some of his concerns. He smiles, and the coordinator praises him for handling the situation well. As he is about to leave, his expression grows serious again: ‘Imagine’, he says, ‘if there was a newspaper headline 12 years from now saying: ‘Why did no one react?!’’. (Field notes, Agency B, May 2016).

As illustrated by the psychologist’s last comment, the past years’ public scandals, where child protection agencies have failed to react properly in serious cases of child abuse and neglect, seem to hover in the minds of many. In this context, gut feelings are considered a highly valuable guide. As the caseworker quoted above puts it:

You should not at all disregard your gut-feelings (...) I do not think I have ever experienced at any time, that either myself or my colleague came and said: ‘I sense something here’, where it has not been right. (Caseworker, Agency C, December 2015).

Clearly, professionals’ understanding of gut-feelings is closer to the notion of *expert intuition* (Dreyfus and Dreyfus 2005) than to critics’ notion of “opinions” and emotional reactions. Yet, while professionals generally defend the role of gut feelings, the caseworker in the first quote above also points to a pertinent issue in relation to the question of professionalism, namely the difference between *newcomers* and *old-timers*. This is also a central theme in the literature on professionalism, as well as in social learning theory, according to which professional expertise, including the ability to be properly guided by one’s gut feelings, is developed *in practice* (Dreyfus and Dreyfus 2005; Lave and Wenger 1991; Schön 1983). No one expects newcomers to possess this ability from the outset. Moreover, even seasoned social workers may fail to develop the ability to let their personal knowledge of cases, and the reactions stemming from that knowledge, guide them in a useful way (I will return to this issue in Chapter 8). Accordingly, participants emphasize that, despite their importance, gut feelings alone cannot and should not provide a proper basis for professional practice. But they also emphasize that, in terms of ambi-

tions to promote *knowledge-based practice*, they should be integrated and not eradicated from the equation.

7.3.5 Building communities of practice in child protection: The true Sisyphian task?

Managers on all levels, along with coordinators across the three agencies, underscore that newly educated professionals rarely possess the required knowledge, when they first come to work in child protection. New caseworkers may be knowledgeable of the relevant legal frameworks and be able to cite all the relevant paragraphs, but performing casework in practice requires a different skillset. Hence, *newcomers* rely on *old-timers*, and especially the coordinators, to show them the ropes. This reflects the insight from social learning theory, which underpins the concept of communities of practice, that practice-based learning is the primary means for newcomers to move from the periphery to the center of a community of practice and become accomplished practitioners (Brown and Duguid 1991, 2001; Lave and Wenger 1991).

Yet, coordinators' efforts to aid this practice-based learning process are continuously hampered. For example, the coordinator in Agency B keeps track of whom among the caseworkers have not yet been through an extended individual case review and takes extra time to go through the various steps involved in processing a case and explicate the underpinning reasoning together with them. But as soon as everyone in the team has been through it and learnt for example how to handle a formal decision in the digital case filing system, or to formulate a decision letter, two of them will have quit, and two newcomers will be waiting to learn from scratch. This means that, at any given point in time, most caseworkers may to some extent be considered newcomers. Establishing a well-functioning community of practice requires an element of organizational stability, which is currently not present. This situation is also noted by an academic staff member:

It requires some training to become very good at something, right, and that also goes for our caseworkers. It is difficult, if you are only here for a short time, also with regards to creating a good team. That also takes some stability, which has very difficult conditions in Copenhagen Municipality. (Development consultant, Copenhagen, October 2015)

The issue is also pertinent in Agency C, where the decision to implement *Herningmodellen* in the entire agency entailed hiring many new caseworkers to render the lower average caseload prescribed by the model feasible in practice. At the same time, many seasoned caseworkers decided to find work elsewhere, rather than face the comprehensive restructuring process and adapt to new forms of practice, and those who decided to stay faced de-specialization, which required them to familiarize themselves with new groups of citizens and new types of cases. In addition to this, the turbulent times that almost inevitably follows such a comprehensive organi-

zational change process has since led to additional resignations. All of this has resulted in a constant influx of newcomers in need of training. This is perhaps the most pressing challenge to the agencies' ambitions to foster knowledge-based practice: It appears almost impossible build strong and regenerative communities of practice, to support the socialization and training of newcomers and nurture the ideal of explicit professionalism in practice. This is the true Sisyphean task.

7.4 Conclusion: Practicing explicit professionalism

The analysis presented in this chapter has demonstrated how professionals mobilize different types of knowledge for decision-making and, as part of this, how the request for explicit professionalism manifests in practice. As a prerequisite for understanding the nature of different knowledge mobilization practices, the first section of the analysis pointed to some important conditions for decision-making in child protective services, which both align with and expand on the general conditions for street-level work, as unfolded in the scholarly literature. These include conditions of multi-faceted uncertainty and the dependence on citizens' willingness to cooperate and co-produce services, which mean that citizens' motivation, capabilities and potential resistance constitute main concerns for child protection professionals. In dealing with these conditions, interventions are often perceived of as entryways. Further, decision-making is not confined to discrete events of formal decision-making but unfolds as continuous processes of creating direction; something that happens during informal discussions, which result in little twists and turns along the way. This is viewed by participants as both natural and acceptable, as long as the direction created does not represent too big of a turn away from the mandate provided by the formal decision. I argued that these conditions have implications for the way we approach knowledge mobilization practices, as these are also not confined to formalized meetings or decision-making events.

The second section of the analysis unfolded how different types of knowledge are mobilized in practice, focusing on propositional, procedural and personal knowledge, all of which are essential to the work. I showed how the organizational mindsets serve to frame and promote the mobilization of research-based knowledge and other sources of propositional knowledge embedded in the mindsets, while the mobilization of research-based knowledge that is *not* embedded in the mindsets appears to happen at random. Regarding procedural knowledge, the complexity of the work requires a level of experience and specialization rarely possessed by newcomers. Procedural knowledge of how to handle requirements is mobilized through inductive reasoning and case-based learning. However, increased process regulation and documentation requirements have resulted in the introduction of IT systems, standardized forms and check lists, which sometimes end up being the main focus of learning processes, stealing attention away from the work

they are meant to support. Finally, the analysis showed that personal knowledge is regarded as essential to professional work, and that the gut feelings that may stem from it are considered an important, if potentially treacherous, guide to action. Due to its strong tacit component, personal knowledge is mobilized through imagery and body language, and by invoking genres that are shared within a particular community of practice.

In light of the evidence agenda and the developments outlined in Chapter 6, the analysis shows that organizational responses to the normative pressures in the field are indeed visible in daily practice. Several participants state that the past decade, and particularly the past five years or so, have involved significant changes to practice. I ended Chapter 6 by proposing that the normative pressures and demands on professionals' roles and practice that has built up during the past decades can be summarized as a request for *explicit professionalism*. Having now investigated actual practices of knowledge mobilization, I have shown that coordinators' efforts are indeed clearly marked by the ambition to foster awareness of different sources of knowledge and their validity in a given situation, to make it explicit when different sources of knowledge are relied upon, and to support professionals in explicating and documenting their reasoning as well as their actions.

Table 11 presents an overview of the organizational manifestations of explicit professionalism and related practices of knowledge mobilization outlined in this chapter.

Table 11: Manifestations of explicit professionalism in practice

Elements of explicit professionalism	Organizational manifestation	Practices of knowledge mobilization
Sources of knowledge which inform decision-making must be explicit and preferably research-based	Organizational mindsets as main source of propositional (research-based) knowledge	Mobilize research-based knowledge ad hoc and by activating different aspects of organizational mindset
Process of exercising judgment must be transparent and articulated	Collaborative forms of decision-making orchestrated by coordinators as venues for exercising judgment	Explicate and increase awareness of different sources of knowledge that inform professional reasoning
Actions and decisions must be explicated and documented	Digital case files, standardized forms and check lists as tools to deal with requirements and handle complexity	Mobilize procedural knowledge through inductive reasoning and case-based learning

However, as discussed above, the organizational ambitions to foster explicit professionalism, including efforts to enhance the influence of research-based knowledge on decision-making and increasing transparency and documentation, are generally challenged in practice – not merely by the characteristics of child protective work outlined above, nor just by ‘the usual suspects’ so often quoted in the research utilization literature (such as lack of time and managerial support; while the first is certainly an issue, the latter is less so), but in particular by the high turnover

among staff. The (experienced) constant influx of newcomers means that coordinators spend a great deal of their time conveying basic skills and know-how; to enable newcomers to handle the most common (but not necessarily simple) aspects of the work. In general, a large part of case discussions seems to focus on mobilizing procedural knowledge for these purposes, while the process of conveying personal knowledge to provide other participants with a sense of the case in question also takes up a substantial amount of time. (Yet, the need to do so is amplified by the often significant time span between the completion of an investigation and the process of actually deciding on an intervention, which means that case files do not necessarily reflect the current state of affairs; this ‘intermediary knowledge’ lies with the caseworker). All of these priorities leave little time to engage in discussions of research-based knowledge and/or reflect on practice on a more general level.

The analysis presented here also substantiates the second argument that I put forward in Chapter 6, namely that the organizational mindsets function as a way for the agencies to assume responsibility for mobilizing research-based knowledge to inform decision-making. In doing this, agencies simultaneously assume professionals’ claim to discretion and autonomy, which is traditionally anchored precisely in their exclusive possession of specialized knowledge in their field. Notably, professionals generally appear content with, and even enthusiastic about this development, not least because the organizational mindsets are perceived both as compatible with their professional training and identity and/or as reflecting pure “*common sense*”, as several participants phrase it. However, it is also worth noting that those who might disagree are likely to have left already.

A more pressing issue is perhaps the fact that the task of realizing the ambitions of fostering explicit professionalism in practice lies primarily with the coordinators. While the coordinators I shadowed were all well-educated, experienced and highly dedicated professionals, who generally came across as well-liked by both professionals and managers, and certainly appeared to do their best to live up to both their own and others’ ideals and expectations, they were also often too occupied and, perhaps, too *human* to consistently succeed in these endeavors. Importantly, not everything rests on the shoulders of coordinators. Particular ways of organizing work also play a crucial role in the agencies’ efforts to practice explicit professionalism. This is the topic for Chapter 8.

8. Organizing knowledge and decision-making: Deliberative organizational routines

8.1 Introduction

The analysis presented in this chapter focuses on the third of the working questions:

How is knowledge mobilization organized in practice, and how are knowledge mobilization practices related to organizational routines?

The aim of the chapter is to elucidate the role of organizational routines in relation to the knowledge mobilization practices outlined in the previous chapter. I begin by identifying and defining a specific type of organizational routines which I label *deliberative organizational routines*. After introducing each of these routines and exemplifying how they are performed in practice, I discuss the rationales and purposes invested in them. I show how deliberative organizational routines play an important role in organizing discretionary decision-making, as they serve to *collectivize* the exercise of professional judgment and *orchestrate* the mobilization of different types of knowledge in these processes. Following this, I argue that deliberative organizational routines serve as important tools for managers and coordinators in their efforts to organize discretionary decision-making and professional judgment in ways that correspond to the ideal of explicit professionalism.

However, there is a difference between idealized and realized purposes and practice. Acknowledging this, I go on to show how different routines effectively enable or constrain the mobilization of different types of knowledge, privileging some types of knowledge over others. Moreover, I show that many routines are less stable than they appear, and that participants regularly reflect on routines and seek to change or replace them with new ones. This is related to the fact that deliberative organizational routines, in privileging different types of knowledge, also privilege different groups of professionals. I end the chapter by discussing some of the main challenges faced by managers and coordinators in employing organizational routines as tools to create connections and build communities of practice both within and across professional groups. Here, I emphasize the notion of *knowledge availability* and discuss how participants seek to increase the availability of knowledge through the interplay between formalized routines and informal interaction. While this strategy is meaningful in terms of knowledge mobilization, I argue that it is also, to some extent, problematic, especially in light of the ideal of practicing explicit professionalism.

8.2 Deliberative organizational routines

Organizational routines are defined by Feldman and Pentland as “*repetitive, recognizable patterns of interdependent actions, carried out by multiple actors*” (Feldman and Pentland 2003, 95). During my fieldwork, I came to distinguish between *frontstage* and *backstage* routines (partly inspired by Goffman (1990)). I conceptualize *frontstage* routines as routines which directly involve, or are oriented towards, clients/customers/citizens and/or other parties external to the organization, such as external partners, policymakers or the public. *Backstage* routines are those routines which constitute the internal operations of the organization and only involve organizational members.⁵⁸ Over time, it became clear to me that there were certain patterns of action among those carried out in the organizational backstage that were integral to the decision-making processes and knowledge mobilization practices unfolded in the previous chapter. I label these patterns of action *deliberative organizational routines*.

Deliberation can be defined as “*the act of thinking about or discussing something and deciding carefully*”, or as “*a discussion and consideration by a group of persons (such as a jury or legislature) of the reasons for and against a measure*”⁵⁹. Based on this, I define deliberative organizational routines as a type of organizational routines, which serve to create more or less structured venues for mobilizing and discussing knowledge among professionals. The purpose of deliberative organizational routines is to mobilize participants’ knowledge to illuminate cases, qualify professional judgment and inform discretionary decision-making, but they may also serve as venues for more general reflections. Notably, these routines are performed backstage, meaning that they do not directly involve citizens. Hence, focusing on the role of these routines provides a different perspective on street-level decision-making, compared to much of the extant (fieldwork based) literature, which revolves around street-level professionals’ interaction with citizens (e.g. Dubois 2010; Maynard-Moody and Musheno 2009) (cf. Chapter 2).

Table 12 presents an overview over the different types of deliberative organizational routines that I was able to identify across the three agencies.⁶⁰ I have recognized repetitive patterns of actions as organizational routines to the extent that participants themselves recognize and point to them as a form of routinized or recurring behavior, even if they are not formalized (e.g. part of a formal meeting structure). This is important, because, as will be unfolded below, delibera-

58 Obviously, this distinction is not always crystal clear, and many overlaps may exist in practice, but I find that, especially in the context of public services, it serves as a useful heuristic tool to separate different kinds of routines.

59 <https://www.merriam-webster.com/dictionary/deliberative>

60 These routines are those I identified as significant in my fieldwork across the three agencies, in light of my research interest. It is not a complete inventory of all organizational routines in child protection work, nor is it necessarily a complete inventory of all deliberative organization routines; others may exist in other child protective agencies.

tion does not happen only in designated meetings; it also takes place in more informal but no less routinized ways – for example during what I have labelled ‘daily rounds’. The routines listed here have all been observed to play a significant role in discretionary decision-making regarding the choice, continuation, adjustment or termination of interventions. As such, they are *integral to the collective exercise of professional judgment*. The interplay between formalized and informal routines have important bearings on our understanding of how professional judgment and decision-making is exercised in practice.

Below, I will present each of these routines in turn. This is followed by a discussion of the purposes and rationales invested in them by managers and coordinators, demonstrating that they are indeed far from being “*mindless habits*” (Feldman and Pentland, 2003).

Table 12: Overview of deliberative organizational routines

Name	Form (how is it done)	Content (what they do)	Participants (who is involved)
The daily rounds (<i>“stuegang”</i>)	“Checking in” with professional teams, as coordinator walks around the office and hallways	Answer all kinds of questions, engage in deliberation and advice as needed	Coordinator and professionals
Individual case reviews (<i>sags-gennemgang</i>)	One-on-one discussion between coordinator and one professional, often in front of computer screen (especially caseworkers)	Discuss cases, progress, problems, managing individual workload, checking that deadlines and budgets are met	Coordinator and professionals
Regular case discussion meetings (<i>teammøder/drøftemøder</i>)	Collective discussion among team members led by the coordinator, sometimes cross-professional (varies across agencies and teams)	Discuss several cases to inform decision-making, discuss other issues of relevance (e.g. organizational issues), share information	Coordinator and members of professional team, sometimes also other professionals (internal or external)
Ad hoc case discussion meetings (<i>drøftemøder</i>)	Collective discussion of one case among all involved professionals	Discuss a specific case to adjust the direction and/or inform decision-making	Professionals involved in the case (internal and sometimes also external), coordinator and/or service manager
Formal decision-making on interventions (<i>visitation</i>)	Varies between the three agencies	Discuss case with the purpose of making a formal decision regarding the choice or adjustment of an intervention	Varies between the three agencies

The daily rounds

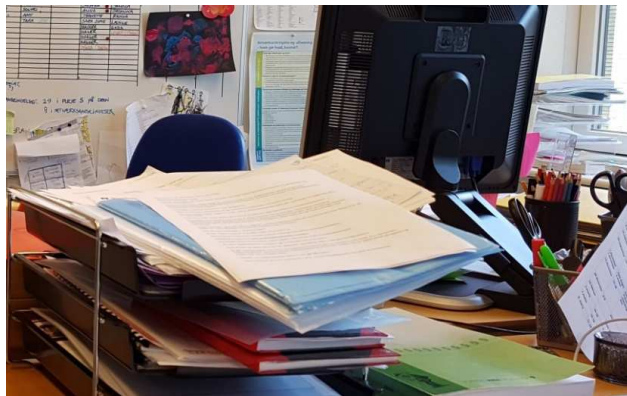
In all three agencies, coordinators spend great amounts of time everyday answering questions, offering second opinions and trying to teach especially newcomers how things should be done. They are frequently being called on at their desks, when walking down the hallway, while eating their lunch (also often at their desks) or when waiting by the coffee machine and are clearly missed when they are not available. As the casework coordinator in Agency C smilingly re-

marks, as we walk back to the office after a morning of meetings: “*Now I will go to back to playing ‘A Thousand Questions to the Professor’ [referring to the parlor game ‘Twenty Questions’]; that is what it’s usually like when I have been gone for a while.*” (Field notes, Agency C, September 2016).

Sometimes, professionals will seek out coordinators just to update them on a situation, share an observation or validate a pending decision. At other times, they may be in need of a more thorough discussion. Some discussions are referred to the regular case discussion meetings, but coordinators also engage in more comprehensive case discussions on an ad hoc basis. Discussions may include advice on where to seek out further information, how to best involve the parents and ensure cooperation, or it may be to discuss the potential outcomes of a pending decision:

When they are facing a difficult problem, I try to give them some, to ask some questions and give them some input as to: ‘how might you do things differently?’. Like, ‘if you think he should be placed in institutional care, what could we do instead?’, I mean, ‘why do you think that? What would the purpose be? What do you think the outcome would be?’ To provide that opposition: ‘I think the outcome would be this’, then say: ‘I think we could reach the same outcome by doing this, which is less intervening, but also [may result in] a different outcome.’ (Casework coordinator, Agency C, November 2016)

Coordinators are generally busy and often away from their desks. Some make a point of having open slots in their calendars during which they are available for ad hoc discussion, but they are also aware that not all professionals will be proactive and come to them for advice, even if they need it. Consequently, coordinators perform a routine at least once a day, but often more, which consists of walking through the building, stopping at every office and desk to check in on team members (sometimes, service managers would also perform these rounds, but much less frequently; it was clearly part of the coordinators’ job). One of the coordinators refers to this as the “*daily rounds*” [in Danish: *stuegang*, referring to the routine that doctors perform in hospitals as they walk around the ward to check on individual patients]. The purpose of the daily rounds is to see how things are going, answer questions, and make sure that pressing issues are taken care of as soon as possible. The daily rounds also often involve stopping by the offices of professionals in other teams or different professional groups to discuss the status of specific cases and coordinate activities. While the routine is not formalized as such, and only one of the coordinators has put a label on it, the ‘daily rounds’ is an important routine, as it serves to make coordinators available and approachable.



(Coordinators absent from their desks, photo, location anonymized)

The importance of the routine was underscored when, in one of the agencies, a coordinator was called upon by the top management to go through a substantial number of closed cases, to check if mistakes had been made in terms of documentation requirements. Together with the check list mentioned in the previous chapter, this was part of the agency's response to an anticipated critical evaluation. To face pending criticism up front, agency directors called on casework coordinators to retrospectively identify and correct mistakes; an order which was potentially to be made into a permanent requirement (i.e. a request to perform a monthly check-up on a sample of cases). This involved several days of working late, where the coordinator was literally “hiding”, away from her office, withdrawing from both the daily rounds, individual case reviews and ad hoc case discussions (see below), and leaving other obligations aside, to finish the task on time. As the coordinator opened the regular case discussion meeting – the one routine she was not willing to compromise – she apologized for her absence and encouraged team members to speak up if they felt neglected or if she forgot to act on a promise: “What do I owe you? It's okay, you can say it to my face...”

Similarly, in a different agency, the casework coordinator faced an atmosphere of unrest among the caseworkers before going away on a 2 ½ week-long vacation, especially because this was during a time when the service manager was also absent. Though the management team tried to take the necessary precautions, caseworkers were worried that they would not be able to get the daily support that they needed to manage and process their cases. Notably, while I only witnessed such interruptions of the routine among the casework coordinators, the daily rounds of the family service coordinators appeared to fulfill an equally important function among therapists.

It is nearly 10 a.m. The coordinator hangs up the phone and tells me that I probably cannot join this meeting. The coordinator is going to accompany a caseworker in one of the other teams to meet with a parent, because the coordinator for the team is ill. The caseworker is unsure whether the parent is willing to cooperate and expects the meeting to be difficult. While they are gone, I place myself in a small common room just outside of the coordinator's office. The room has a big table, some bookshelves and a small kitchen space with a kettle and a huge jar of instant coffee. Shortly after, one of the caseworkers come looking for the coordinator. I tell her about the meeting. She asks me if I have seen that there is cake upstairs and gives me detailed directions for locating it. The caseworker, whose birthday it is, comes down the stairs and lets everyone know about the cake. She also brought flowers. I notice how several of the caseworkers are walking back and forth close to the common room. There is a sense of restlessness among them. 'Is it 11 soon?' One of them asks. I look at my watch; it is 10.47. Six minutes later, at 10.53, the first caseworker pops in her head and takes another look to see if the coordinator is back yet. (Field notes, Agency C, September 2016)

Individual case reviews

All coordinators engage in individual case reviews. Typically, every caseworker or therapist will go through an individual case review every 4-8 weeks. The enactment of this routine usually involves the professional and the coordinator sitting next to each other, facing either the computer screen, showing the interface of the database used to store case files, or going over a list of cases, dates and activities printed on paper. The off-screen model is more often used among family therapists, while caseworkers tend to review cases on-screen, as this allows them to perform the required tasks (e.g. checking deadlines, ticking boxes and filling out the standardized forms and documents that make up the case filing system) while discussing these actions with the coordinator.

Case reviews can involve many different things. For caseworkers, there is generally a strong focus on meeting deadlines and documentation requirements. The purpose of a review may simply be to go through all cases on the list and check if deadlines are met, and to discuss and

plan how to meet upcoming deadlines (e.g. when to call or visit a family to follow up and evaluate progress, or when to schedule a meeting with a service provider to prepare for an upcoming evaluation), or it may be to check if all expenses tied to a case are still warranted (e.g. should the agency still be paying the taxi bills for a child to visit his father or is he perhaps old enough to take the bus now?). From a management perspective, individual case reviews play a crucial role in controlling that deadlines and budgets are met and process requirements fulfilled. For caseworkers, individual case reviews present plenty of opportunities for *practice-based learning* relating directly to the casework process. Coordinators often use the occasion to explicate the different steps involved, and the rationales that underpin them, how they relate to different paragraphs in the law, and the intentions behind it (cf. the examples in Chapter 7 regarding the mobilization of *procedural knowledge*).

For family therapists, individual case reviews often revolve around managing the workload of the individual professional, helping him or her to prioritize their resources, perhaps checking along the way to see if some cases are ready to be closed, which will free up resources for incoming cases. Conversations may also focus on managing requirements associated with the casework process (e.g. meeting deadlines for delivering documentation) or dealing with specific certification requirements for the evidence-based programs (e.g. documenting that one has delivered the program according to the manual, sending in video material for external supervision, etc.). At other times, focus is on discussing different strategies for dealing with demanding cases. One coordinator laments that case reviews generally tend to focus less on the therapeutic and more on the organizational aspects of work, while the service manager emphasizes the therapeutic aspect, explaining how coordinators may perform the routine by asking various questions:

‘How is it going? Are we moving in the right direction? What else could you do? How can I support this?’ And ‘here I could do a thousand things, but I only have five hours per week, so how do I get the work done here?’ And also, to contribute to creating direction and saying, ‘perhaps you need to hold back here’ or ‘yes, you could always keep going’, or ‘you could work some more with the father, but now this is the level, now we will stop, because we need to move on’.” (Service manager, Agency B, April 2016).

(It is clear, however, that these exemplary questions pertain as much to the management of the therapist’s resources as to the case as such. Because the service manager is also a trained therapist, the quote serves to illustrate the intertwinement of professional and organizational logics that is captured in the concept of *organizing professionalism* (Noordegraaf 2015) (cf. Chapter 2), which is clearly present in the general perspectives of both managers and agency directors, cf. Chapter 6).

Individual case reviews may sometimes lead to changes in an intervention. For example, a review revealed that a family therapist was genuinely overworked and that it would not be feasible for her to keep working with the number of families and hours planned. Realizing this, the coordinator came up with the solution that, in one of the cases, the therapist should focus her efforts on the mother and stop working with the grandmother as well, as this would reduce the number of hours and make the overall caseload more manageable. The therapist was at first reluctant, but upon considering the developments in the case, they agreed that this solution would be professionally responsible. The coordinator then went to consult with the caseworker about the proposed adjustment. In this case, the caseworker did not accept the change. Still, the example demonstrates that, even when a formal decision has been made, the specificities of interventions are not set in stone, but created and negotiated continuously. As noted earlier, these small adjustments contribute to shaping the direction of interventions and thus influence the basis for the more formalized decision-making processes that eventually follow. Together with other deliberative organizational routines, individual case reviews also play an important part in the continuous process of *creating direction* that I discussed in Chapter 7.

Case discussion meetings

All professional teams in all agencies engage in regular case discussion meetings, usually held every week on the same weekday and lasting for up to three hours. Some teams have two different meetings, where one is dedicated to general work-related topics, information from the management and the like, while the other is dedicated to discussing cases, sometimes in a cross-professional setting, where other professionals participate. In other teams, these different functions are collapsed into one weekly meeting.

In Agency C, the regular team meeting begins with breakfast and a ‘round’ where participants take turns to ‘check in’, sharing professional and/or personal issues which influence their present state of mind (e.g. frustration, confidence or excitement). The coordinator then presents relevant managerial information (e.g. administrative, financial or personnel-related); this may also include presentations from the academic staff. During a short break, the table is cleared, coffee cups refilled, and case discussions begin. In addition to this, caseworkers are required to participate in regular cross-professional meetings with professionals working in the same district. In Agency A and B, there is no routinized ‘check in’; personal information is often shared, as everyone settles down to begin the meeting, and during short breaks. Case discussion meetings in both agencies are ostensibly cross-professional (e.g. with participation from family therapists and psychologists), and sometimes involve external partners as well (e.g. school social workers). Managerial information and personnel issues are usually discussed in separate but also regular team meetings.

While different agencies and teams have different ways of structuring the meeting, they all share one characteristic, namely that case discussions are usually structured in three phases: first, the responsible professional – sometimes there are two – will present the case and explicate precisely what they would like to discuss, and what their needs are. Then there is a round where everyone can ask questions. There can be no suggestions or comments at this point, and participants who overstep will usually be reprimanded by the coordinator. Only after everyone has had the opportunity to ask questions, going around the table systematically, are participants allowed to offer their reflections on the situation and come up with suggestions for next steps. On some occasions, case discussions in Agency A and B would instead be structured according to the Signs of Safety-method (cf. Chapter 7); usually one case per meeting would be picked out for this type of discussion.

Case discussion meetings appear to be highly valued and respected by participants. They begin and end on time, as participants all have tight schedules. Tardiness is generally not tolerated. (At the beginning of a meeting, I overheard a couple of therapists joke about the comparable tardiness they had experienced among professionals in elderly care, demonstrating with crude body language and facial expressions how they would stroll lazily into the meeting room, “*eating a banana*”, utterly unmindful of time). While occasional absence is considered legitimate, for example if professionals are called out to deal with acute events, everyone is generally expected to attend and reprimanded if they do not. Meetings are led by coordinators (sometimes service managers), who generally make sure that discussions are focused, and chit-chat limited, outside of the short breaks. At one point, a group of caseworkers explained to me that, if the coordinator was for some reason unable to make it, meetings would be shorter and less structured, if not cancelled altogether. In one of the agencies, a cancellation of a meeting meant that the coordinator had to call an extra meeting the following week to make up for it, because the caseworkers felt that they could not do without this routine.

Ad hoc case discussion meetings

In addition to the regular case discussion meetings, ad hoc case discussion meetings are called when needed, inviting only professionals directly involved in the case to participate. This could be to prepare for a meeting with the family or network, or it may be that the caseworker needs to get an overview of a complex case, which involves many professionals. A service manager or coordinator may also decide to call a meeting, if they believe that a case would benefit from thorough discussion or if they come across something that puzzles them. In contrast to the regular team meetings, these ad hoc case discussion meetings may be cancelled or rescheduled on a short notice. The ad hoc case discussions I was able to witness in Agency A and B were characterized by an intense atmosphere and very structured and focused discussions. In two out of

three meetings, genograms and the Signs of Safety-method was used to structure the discussion and the different participants' inputs. Meetings were generally characterized by respectful dialogue, as participants took turns, listened, and allowed each other to finish their sentences before reflecting on their input. One meeting displayed widespread consensus among the different professionals who participated, while the others displayed more diverse perspectives and conflicting viewpoints.

One of the meetings in particular was characterized by conflicting perspectives. During the meeting, a family therapist repeatedly criticized a prior decision, which she believed was the cause the messy situation they now found themselves in, and which the meeting had been called to make sense of. This criticism was repeatedly cut off by the service manager, who firmly stated that everyone ought to focus on what was ahead instead of rehashing what had been done. As everyone left the room, the therapist stayed back and repeated her thoughts to a few sympathetic colleagues. In a third meeting, an external service provider had reacted to a statement from a child in their care, which had caused them to doubt the approach taken by another service provider also involved in the case. In the meeting, the casework coordinator and the responsible caseworker worked quite hard to calm the service provider's concerns, and eventually appeared to succeed in their efforts. This was achieved by conveying more details about the case and the child's family background and generally encouraging more dialogue and exchange of perspectives between the two service providers.

Formal decision-making on interventions

The final deliberative routine to be introduced here are the routines for formally deciding which specific intervention should be instigated in a specific case. This is often as much a decision about which specific therapist or external service provider should carry out the intervention, based on their training and availability. To my surprise, this routine turned out to vary significantly across the three agencies and was regularly subject to change. We will return to these observations later; for now, I will simply outline the routine in each agency:

In Agency A, decisions are made by a small committee of family therapists, the family service coordinator, and, in principle, the casework coordinator (who was too busy to participate in those performances of the routine that I was able to observe). Preparing for the meeting is time consuming: Participants read all case files, which have been uploaded in the digital case filing system by the caseworkers. Caseworkers are also required to fill out a short, standardized form for internal use only, which presents an updated status and any additional relevant information that has emerged since the Action Plan was agreed upon. In the meeting, participants discuss each case in turn and make a decision regarding the intervention. The family coordinator notes

the details of this deliberation on a tablet during the discussion. When a decision is reached, these notes are emailed directly to the caseworker, to allow her to follow their reasoning.

In Agency B, the procedure is rather different and was changed twice during the fieldwork period. Originally, the individual caseworker would prepare the case files and orally present the case and recommended (type of) intervention before a small committee, which included the service manager and the area manager. The committee would then make the decision to allocate the requested funds. Prior to the fieldwork process, this routine had been changed into a group meeting, to be held every two weeks. Participants included all caseworkers in the relevant team (in this case, the Action Team for children aged 0-12), the casework coordinator, the family service coordinator and two therapists, but no managers. Everyone would be required to read the case files, or at least the summary, beforehand. The caseworker coordinator directs the meeting and a decision is made by the group. The family service coordinator is then responsible for allocating therapists and managing waiting lists. Later, the routine was changed again, so that the family service coordinator would instead attend the caseworkers' regular case discussion meeting and decisions would be made there.

In Agency C, the current organizational restructuring involves an elimination of all specialization (cf. Chapters 4 and 6). Instead, one caseworker is assigned to a case from beginning to end. If there are several cases in one family, one caseworker will be responsible for all of them. Individual caseworkers have discretion to make decisions regarding a broad range of interventions. More comprehensive and expensive forms of interventions must be approved by the coordinator or the district manager. Caseworkers may present complex cases for extended discussion at a so-called "*case illumination meeting*" [in Danish: *sagsbelysningsmøde*], in which the district manager and family therapists participate and thoroughly discuss what should be done.

8.2.1 The many purposes of deliberative organizational routines

Deliberative organizational routines all revolve around the mobilization (and scrutiny) of different types of knowledge. Across the different routines, case discussion meetings appear to be especially important, but the purposes invested in them are also present in the other routines. One of these purposes is to *illuminate cases*, which involves mobilizing the knowledge possessed by all participants to enable the exercise of *collective professional judgment*. In addition, deliberative organizational routines serve to provide *emotional support* and provide venues for *scrutinizing professionals' personal knowledge*. Through these idealized purposes, deliberative organizational routines become central venues for practicing – performing and learning – explicit professionalism.

Illuminating cases

The most structured discussions happen in the context of case discussion meetings and are generally referred to by managers and coordinators as a matter of “*illuminating*” or “*broadening*” the case [in Danish: *belyse, brede sagen ud*]. Illuminating cases is thought of as a way of harvesting different professionals’ perspectives and raise the quality of decisions. It is mainly aimed at situations which are not straightforward and therefore require careful deliberation and professional judgment. The casework coordinator in Agency B explains:

I believe it creates a really good quality, and that is why we have, you might say, an agreement here, that if we need to find the basis for something (...), to figure out if there is basis for what you plan to do, then you bring it here [to the regular case discussion meeting]. So there are no caseworkers who sit on their own and reject something that would require professional discretion. I mean, it is not economic calculations, we bring to the meeting, if you follow me? It is that which requires judgment. Where it gets difficult, or very vulnerable, and where we need to sharpen our attention to equal treatment and consistent casework. That is what we bring here. (Casework coordinator, Agency B, October 2016)

Sometimes, case discussions result in specific decisions, while at other times they primarily serve to provide input for further individual reflection by generating new ideas and perspectives. They may also result in resolutions to consult with other professionals or to further investigate specific aspects of the case, for example by generating specific hypotheses for therapists to explore, as in the example below (cf. the role of hypothesizing, as described in Chapter 7). Illuminating cases through collective discussion is an important part of the process of creating direction and may, as previously discussed, turn out to be consequential in terms of formal decision-making and future outcomes, regardless of whether the discussion leads to a formal decision in the moment.

During a case discussion in one of the agencies, one of the therapists explains a current predicament: Having spent several months (or is it years?) working with a family, she finds that the mother is finally doing well and is able to manage her parenting role and responsibilities on her own. In fact, she was getting ready to close the case, when the school notified the agency that their concern for the child was increasing. She explains her assessment of the case and states that she does not understand why the school is worried. Could it be that she failed to notice something of importance? After listening and engaging in a systematic round of clarifying questions, it becomes clear that the school is apparently collaborating closely with the father, and one of the participants offers the hypothesis that this could influence the school’s perception of the mother and perhaps generate some antipathy towards her. They justify this hypothesis by the fact that, in comparison with the father, the mother is likely to come across as a bit of a

“weirdo”. She lives on a messy and strangely decorated houseboat and celebrates Christmas by eating pizza together with the child, just the two of them. While it is indeed ‘alternative’, the therapist agrees, “it is not something that will kill you”. However, she agrees that the close collaboration with the father might influence how the school perceives the mother and decides to investigate this hypothesis further. (Field notes, Agency A, May 2016).

In all three agencies, the process of illumination is also implicitly a part of managers’ and coordinators’ efforts to mobilize the knowledge possessed by individual professionals, so that it may benefit the team. As discussed in Chapter 7, coordinators seek to mobilize research-based knowledge in different ways, most notably by mobilizing central aspects of the organizational mindset during case discussions. However, both coordinators and service managers emphasize that professionals already possess a great deal of knowledge. Hence, it is also a pressing concern for them to mobilize this extant knowledge, rather than constantly feeding them with new perspectives. For example, the service manager in Agency A explained to me during one of our first encounters that there is no real need to bring in a lot of *new* knowledge, because there is so much knowledge in the house already; it is rather a matter of “*bringing that knowledge into play*”. Deliberative organizational routines are viewed as occasions to showcase this knowledge and make it available to others. The coordinator in Agency C presents a similar perspective and underscores that this is particularly important, because professionals all possess different (types of) knowledge and hence have different strengths and weaknesses:

They are on very different levels with regards to how reflective they are, how much experience they have, and how much education they have, and I think it is interesting to see how they can give each other something. Because some are very interested in theories, and you know, read books on the side at home, and one took a master’s degree. And if some of those who have that can give something to some of those who are more practice-oriented, that, I think, is interesting. Because then we get this common knowledge. (Casework coordinator, Agency C, November 2016)

The casework coordinators’ statement serves to illustrate how the process of illumination is believed to both qualify professional reasoning and decision-making and to create a pool of “*common knowledge*”, including both propositional, procedural and personal knowledge as valuable. In this way, deliberative organizational routines also serve as a way of inspiring professionals to think of themselves as a team with common knowledge, tasks and purposes, as opposed to the ‘private-practicing professionals’ of the past (cf. Chapter 6).

Providing emotional support: Acknowledging frustrations and emotional labor

As discussed in the previous chapter, interacting with citizens often requires intense emotional labor and can bring about many frustrations and strong emotional reactions. Additionally, the work often involves dealing with resistance and the risk of violence, which may affect both the physical and mental safety of professionals. As described in Chapters 6 and 7, professionals' personal knowledge and *sense* of cases is generally viewed as an important element in informing decision-making. At the same time, managers are aware of the potentially overwhelming complexity of cases and feelings of inadequacy that may result from interaction with families. What matters is how professionals deal with this. Personal knowledge may provide an essential guide to action, as long as its validity is scrutinized. Similarly, frustrations stemming from the emotional labor that goes into interacting with citizens must be recognized and discussed, to minimize the risk that it influences work in unfortunate and unacknowledged ways. For example, the Agency Director in Agency C explains that "*not letting your emotions run off with you*" is an important part of being a professional and of the new professional ethos that the evidence agenda has brought about.

These reflections underpin another central rationale behind managers' and coordinators' ambitions to promote collective exercise of judgment and collaborative decision-making: The process of illumination not only serves to bring forth the propositional and procedural knowledge possessed by individual professionals; in requesting professionals to mobilize their personal knowledge of the case, it also serves to bring forward the frustrations and emotional reactions that may stem from this, and which may distort their judgment. By encouraging professionals to share these issues, deliberative organizational routines provide venues for professionals to acknowledge and examine their emotions more closely, and separate idiosyncratic and unexamined emotional reactions from valuable expert intuition and 'gut feelings' that may have an important bearing on the case. As explained by one of the casework coordinators:

It is really important that they [caseworkers] can use each other to illuminate their own professional judgment, and especially to separate professional judgment from personal attitude, because that also happens in this meeting, that we make it visible if someone has a specific attitude about something, which is, which would be unprofessional, and that we need to support each other to get out of, and come back to a more professional track and say: 'how do we look at this professionally?' It is important that we can verbalize that, and dare say it to each other, to have the guts to say: 'Don't you think that you have become a little cross with these parents?' These things can emerge, because we work with people, and I think we need to have a forum to make sure that the quality of the way we talk about citizens, and approach the problems, is professional. (Casework coordinator, Agency B, October 2016).

As noted above, the regular case discussion meeting in Agency C begins with a 'round' in which participants take turns to share what is on their mind. This can be about anything from exciting weekend plans to complaints about a lazy teenage son (of their own), but it can also be about work-related experiences that somehow affect their state of mind, mood or even their sense of self-worth. For example, a caseworker shared an experience where she unwittingly made a very inappropriate comment about a child in front of the child's mother. This made her feel extremely unprofessional and she had a hard time letting go of the situation. As she shared her shame with the group, other participants agreed that it was indeed unprofessional, but encouraged her to forgive herself, not just for the sake of their own well-being, but for the sake of the family who was still dependent on her. In the words of a casework coordinator, there needs to be "*a space for the caseworker to say: 'Damn, this is so difficult! Damn, it's tough!'*", since professionals' emotional reactions, if undealt with, may prevent them from doing a proper job:

(...) it is enormously important that you have the space to say that, because otherwise I would fear that someone would sit in the office and try to deal with it all on their own, and perhaps the citizen will not get the quality casework that everybody intended, because there is just too much, it is blocked." (Casework coordinator, Agency B, October 2016)

Professionals are offered regular supervision, and additional psychological support if needed, but deliberative organizational routines present equally important outlets for venting frustrations and collectively recognizing the emotional toll that the work may take, even on experienced professionals. This is also the case among family therapists. A family service coordinator describes the function of the case discussion meetings as a "base" to come home to, where difficult experiences may be shared and processed together with the group:

It is some tough mechanisms that they face, the family's interaction, different things are enacted. On a psychological level, it can be very difficult to be part of, as a person, and I think it requires that you have a base to return to, so that you do not carry it around on your own. Because it is not for newcomers, what they face, you know? I mean, it is violence and sexual abuse and substance abuse and splitting mechanisms, borderline-mothers, all kinds of mentally ill... where the parents are there [in the situation], and they have to try and change it. I mean it is not, they don't have a tool box filled with tools, right? They have themselves and their methods, their professional positions, and what else they might have and know, right? But it is heavy, and therefore I think it is important that you have a base to return to. (Family service coordinator, Agency B, April 2016)

In sum, personal knowledge of cases and direct interaction with citizens is viewed as essential to professional street-level work. But personal knowledge plays an ambiguous role, and that it is

both considered necessary and recognized as potentially treacherous. Therefore, it must be brought forward and scrutinized. Deliberative organizational routines are play a prominent role as ‘filters’ in this regard, helping professionals to cope with the widely acknowledged pressures of street-level work in general (cf. Chapter 2) and shielding professionals from the looming threat of burnout. Coordinators’ and managers’ focus on the need to deal collectively with these ‘derivative effects’ of professionals’ personal knowledge and engagement in cases can also be interpreted as part of the ideal of explicit professionalism, as it as way of making explicit those intangible factors, which may otherwise cloud and distort professional judgment.

8.2.2 Routines as means of practicing explicit professionalism

It should be clear from the analysis so far that organizational routines, and particularly deliberative organizational routines, are not merely ways of getting things done. Indeed, one of the most important purposes of deliberative organizational routines is to qualify professional judgment by turning it into a collaborative effort. The exercise of discretion and professional judgment is thought of not as an individual task, but as a collective responsibility, which requires deliberation and collaborative decision-making. Professionals are therefore generally expected to involve others in their decisions, and participants in all three agencies consistently emphasize the importance of illumination and collective reasoning.

Deliberative organizational routines serve to orchestrate this exercise of *collective professional judgment* and, in the process, enable participants to cope with the inherent complexity and cross-pressures of their work. Besides enabling the individual professional to move forward with the case, deliberative organizational routines serve to provide emotional support and alleviate individual professionals of “*burdens of discretion*” (Molander and Grimen 2010, 183–84), by sharing the responsibility for decisions and outcomes within the team. This clearly reflects a different perspective on the exercise professional discretion than what is often represented in the street-level literature, where the main focus is on street-level professionals’ ways of dealing with discretion as individuals, including the influence of individual attitudes, skills, preferences, coping-strategies and social identifies (Brehm and Gates 1997; Dubois 2010; Hupe, Hill, and Buffat 2016b; Lipsky 2010; Maynard-Moody and Musheno 2009; Tummers 2013; Tummers et al. 2015) (cf. Chapter 2).

Managers and coordinators emphasize that not only young and inexperienced workers need more support in terms of discussing cases and learning the required skills; experienced professionals are also expected to participate and actively engage in the deliberative organizational routines. This is important for several reasons: old-timers possess valuable knowledge and experience that may be mobilized to inform others and thus enable a kind of apprentice-like learn-

ing. In other words, deliberative organizational routines are important means for creating and maintaining communities of practice which, at least in theory, function as repositories of knowledge that practitioners may draw on (Brown and Duguid 1991, 2001; Lave and Wenger 1991; Wenger 1999). The role of organizational routines in these efforts is particularly important in light of the precarious status of these communities of practice, due to the high turnover among child protective professionals, cf. Chapter 7. Moreover, and perhaps even more importantly, old-timers as much as anyone else should have their practices and reasoning questioned and scrutinized and be encouraged to reflect on their set ways. The ideal of explicit professionalism is for everyone, and what deliberative organizational routines offer in terms of illumination of cases, critical questioning, emotional support, and opportunities for reflection and learning is just as pertinent for seasoned professionals as for inexperienced newcomers.

By requiring professionals to engage in the collective exercise of judgment, deliberative organizational routines both serve to orchestrate the mobilization of knowledge *and* as venues for practicing explicit professionalism. In this way, deliberative organizational routines also emerge as important tools in the confrontation and prospective elimination of ‘one-man armies’ and any remnants of the kind of ‘private-practicing professionalism’ that serves as a negative contrast to the ideal of explicit professionalism. So far, however, I have mainly discussed the *idealized* practices and purposes attributed to these deliberative organizational routines. Realizing these in everyday practice presents several challenges and dilemmas, to which I will now turn.

8.3 Justifying, contesting and changing routines

As already noted, it would be mistaken to treat the deliberative organizational routines outlined above merely as ‘standard operating procedures’ or longstanding ‘mindless habits’. While they reflect common ways of organizing in the field of child protection, they are also highly intentional, invested with an array of purposes and underpinned by careful rationales, and their continued performance is the result of practitioners’ effortful accomplishments (Feldman and Pentland 2003). To my surprise, what initially appeared to be rather stable organizational routines often turned out to be relatively novel ways of structuring work. For example, in Agency C, the organizational restructuring entailed the establishment of several new routines within and across professional groups. In Agency B, caseworkers’ dissatisfaction with the formal decision-making routine resulted in the establishment of – and subsequent changes to – a new formal decision-making routine, while the family service coordinator’s professional ideals resulted in changes to the family therapists’ case discussion meeting. In Agency A, a recent increase in the number of professionals, again due to organizational restructuring, had led to the establishment of new routines among the therapists, and a team of caseworkers came up with adjustments to the cross-professional case discussion routine during my fieldwork there. Shortly after, a change in

the personnel situation prompted a manager to suggest that the – newly established – formal decision-making routine would have to be changed.

In short, deliberative organizational routines were frequently subject to change. Participants would readily reflect on the benefits and drawbacks of various routines and were generally curious to learn how participants in other agencies organized themselves, signaling an awareness that there were likely to be remarkable differences. In this section, I will focus on the formal decision-making routines, which, as described above, differ significantly among the three agencies. I will first outline the rationales behind the formal decision-making routines provided by participants in Agency A, B and C. I will then discuss how the different routines enable and constrain the mobilization of different types of knowledge and, simultaneously, serve to enact professional jurisdictions.

8.3.1 Comparing formal decision-making routines in the three agencies

Agency A

In Agency A, the formal decision-making routine means that decisions are made by a small group of professionals, including family therapists and/or contact persons, the family therapist coordinator and the casework coordinator, based on the digitalized case files and additional documents provided by the caseworker. The service manager in charge of the family therapists explains the rationale behind this routine: Making informed decisions, he says, requires specialized knowledge about different forms of intervention. This knowledge is possessed by the family therapists. According to the service manager, the job of caseworkers is primarily to define the problem, but not how to solve it. In his opinion, caseworkers do not need to know anything about the specificities of interventions, and they have no chance of knowing, because, apart from the fact that they are, in the manager's view, often both young and inexperienced, they simply do not possess the proper "*professional qualifications*". The purpose of the routine is therefore to uphold, in the manager's words, "*a sharp division*" between the tasks of investigating and defining problems within the requirements of the legal framework (i.e. the tasks of the caseworkers), versus working directly with the children and families to solve problems; the latter is the prerogative of family therapists. It is essentially, according to the manager, "*a matter of professionalism*" (Field notes, Agency A, February 2016).

The routine is thus deliberately constructed to privilege the mobilization of the family therapists' professional knowledge and expertise, while the role of the caseworker is to supply the case files, which contain the caseworkers' inferences based on the prior investigation of the case and her personal knowledge of the family. The caseworker's personal knowledge of the

case must thus be verbalized and put into writing, otherwise it will not be represented in the discussion. Consequently, the members of the committee are left to trust that the case files adequately reflect the situation, including the purpose of the intervention and the goals to which the family has agreed.

However, as described in Chapter 7, communicating personal knowledge in writing can be difficult because of its strong tacit components, but also because of its sometimes precarious status. This means that, when decisions are made only on the basis of the written information represented in the documents, there is a risk that important personal knowledge is not taken into account. As explained by the casework coordinator:

When you sit in the meeting, you have perhaps 10-15 pages, you can only read, and then you need to reach a judgment. You have not met the family, you have not met the child, you cannot; all this information sits with the caseworker in that way. (Casework coordinator, Agency A, September 2016)

Indeed, according to the family service coordinator, the fact that caseworkers do not participate in the formal decision-making routine sometimes leads to unfortunate decisions. For example, in one case, meeting participants agreed, based on the case files, that the mother was likely to benefit from a group-based parent management training course (PMTO). Upon receiving this decision, the caseworker shared her suspicion that the mother actually suffered from a severe, but undiagnosed attention-deficit hyperactive disorder (ADHD), which, in the caseworkers' opinion, would probably prevent her from benefiting from such a program, as it involved classroom-style teaching in a group of 18 parents.

The routine has since been modified in different ways to accommodate this shortfall: A decision was made to introduce an extra, informal but still standardized document, in which the caseworker can provide additional information not included in the case files. In some cases, the caseworker is also invited to attend the meeting to present the case orally, and finally, participants agreed to make notes of their discussions, explicating their reasoning and motivation behind the choice of intervention, and email these notes directly to the caseworker along with the decision, *"so that the caseworker also gets that knowledge"*, as the coordinator explains. This process allows the caseworker to intervene in due time, if the chosen method is for some reason not feasible. *"We must be careful that we do not completely eliminate the professional expertise of the caseworker"*, as the service manager puts it.

The modified routine also means that the caseworker has a better chance of being able to explain to the family, *"if we for example have turned it in a specific direction"*, as the coordinator phrases it. For example, the caseworker might have told a family that they should be prepared to

receive traditional family therapy in their own home, but instead they may be offered to participate in a group-based parent management training program such as the one described above. Such changes in ‘direction’ can put the caseworker in a difficult situation, if the family is confused or unhappy with the decision. With the small change to the routine, the professional reasoning of meeting participants and their grounds for reaching a specific decision is made *explicit*. This in turn enables the caseworker to explicate the reasoning behind a decision to the family whom it affects, making it easier to convince them to accept the intervention and cooperate going forwards (cf. Chapter 7).

Agency B

The situation in Agency B is quite different. Here, the formal decision-making routine was changed twice during my fieldwork. Before, caseworkers were required to present their cases before a committee with representatives from management, which would then approve or deny the request. The casework coordinator found this routine burdensome and inefficient and was eventually successful in advocating for a change, which would delegate more competence to the caseworkers. The argument was that caseworkers already discussed their cases in the (cross-professional) team meeting, which ensured the necessary illumination, and that, as long as the new routine only applied to cases where the intervention could be delivered by internal service providers (i.e. in-house family therapists), the budget control-function of the committee was not necessary.

In its first iteration, the new routine was conceptualized as one big meeting, bringing together the team of caseworkers, the casework coordinator, the family services coordinator and 1-2 family therapists, who would collectively decide on an appropriate intervention. According to the family service manager, the purpose of the new routine was to “*gather all knowledge in one place*”, based on the notion that, at this point in the life cycle of a case, “*the caseworker is the one who knows the most*” (Field notes, February 2016). Yet, despite taking a diplomatic approach, the family service manager appeared doubtful as to whether the new routine would in fact provide adequate opportunities for mobilizing the family therapists’ specialized knowledge. During our interview, the manager explicitly questioned the format and emphasized the need to make better use of the family therapists’ knowledge:

We had a dialogue about who gets to “decide” which intervention it should be. And should [the family service coordinator] be a part of every decision? What if the caseworker has some knowledge about this family and knows that it is precisely [Celia] who should be the family therapist, because she knows some things? It’s great that we have some employees who know each other and each other’s skills so well, but, I’m thinking: ‘what is the reason that you thought that [Celia] would be the best?’ How might [the

family service coordinator] help qualify that? How do you make use of the professionalism that sits with the family therapists to qualify the good idea that the caseworker had? This occupies me (...) Because, I also think there's a need for that, so that it's not only the caseworker-professionalism that dominates (Family service manager, Agency B, April 2016)

The family service coordinator was also not convinced, and at several occasions described the big meeting as “*a stew*”: a little bit of everything all mixed up, without clear demarcations of professional expertise. The coordinator's concerns with the new routine were confirmed even before the first performance, as one of the service managers decided to schedule twice as many cases for discussion as had originally been agreed upon. The family service coordinator problematized the decision, stating that it would lead to a mismatch between the format and the purpose of the routine: An increased number of cases would lead to rushed discussions and hence less qualified decisions. Moreover, even if the cases would be processed and formally move through the ‘system’, families would still have to wait just as long to actually receive the intervention, because the new routine had no influence on waiting lists, i.e. the availability of therapists or external service providers. Casework coordinators responded by stating that it was a management decision, and that efficiency and quality were not necessarily opposites (Field notes, Agency B, April 2016).

In the second iteration of the new routine, the big meeting had been abandoned. Instead, it was decided that the family service coordinator would participate in the caseworkers' regular meeting. Reflecting on this result, the casework coordinator stated her preference that a psychologist should also participate because of the value of their distinct professional perspective, while the main role of the family service coordinator would be to provide updated knowledge about interventions and service providers, including availability. The coordinator also emphasized that this new routine was a direct and welcome response to the caseworkers' needs and preferences and the general need to increase efficiency in processing cases. It was in fact the caseworkers' original wish that the family services coordinator should join “their” meeting, as this was where cases would be unfolded and goals would be discussed in the first place, and so having to do that a second time in a different meeting was perceived by caseworkers as an extra burden and a waste of time. But, the coordinator remarks, initially, this suggestion was apparently too big a leap from the original routine (i.e. the one with the committee), and so trying out the big group meeting as an alternative was a needed stepping stone to arrive at the current routine.

Agency C

Finally, in Agency C, the previous formal decision-making routine, which required caseworkers to present their case to a small committee, has been abolished, and individual caseworkers now

have discretion to instigate a range of interventions. Some decisions must still be approved either by the coordinator, by the team of caseworkers, or a service manager. The individual caseworker is also expected to discuss decisions with colleagues, the team or the coordinator as needed, and to collaborate with other professionals, such as family nurses and psychologists in the new cross-professional teams. A comprehensive meeting structure has been established, requiring different groups of participants to meet regularly. While it is still expected that cases are discussed in the context of both mono- and cross-professional routines, for all the reasons laid out above, the idea behind the increase in caseworkers' discretion and the accompanying de-specialization is to enable caseworkers to increase their personal knowledge of cases over time, i.e. to develop and strengthen their "sense" of the case, as discussed in the previous chapter, and continuously mobilize this knowledge when making decisions. As stated by the casework coordinator in Agency C:

I think there are many things you cannot read your way to, and also you cannot, you need to have a relation to the citizens to be able to cooperate towards a goal, and it becomes more difficult, if there are too many shifts (...) that is why I think it works so well, that it is the same caseworker who follows through. (Casework coordinator, Agency C, September 2016)

8.3.2 How formal decision-making routines shape knowledge mobilization

The differences between the formal decision-making routines in the three agencies serve as an illustrative example of how different routines enable or constrain the mobilization of different types and sources of knowledge, particularly the personal knowledge of cases possessed by caseworkers and the propositional knowledge possessed by family therapists regarding specific types of interventions (that is: knowledge about content, focus, target groups, requirements and availability of e.g. evidence-based programs and various other forms of therapy delivered by internal or external service providers). By including or excluding different participants, who belong to different groups of professionals, or communities of practice, and by taking up artefacts such as case files in more or less structured ways, the different routines effectively privilege some forms and sources of knowledge over others – and most often do so intentionally, thus reflecting professional identities and/or hierarchies.

The routine in Agency A clearly privileges the professional knowledge of family therapists and relegates the caseworker to take on a more administrative role. It is potentially more burdensome for caseworkers, as it requires them to meticulously fill out the standardized forms that constitute the case file, as well as an additional document to explain recent developments. At the same time, however, the routine incorporates a 'quality check' of these case files, as they are scrutinized by the committee and will be returned to the caseworker for revision, if they are

not satisfactory. For example, if the investigation mentions violence in the family and this is not part of the goals in the Action Plan, or if the purpose and goals of an intervention are not formulated clearly enough (recall the discussion of changing requirements with regards to Action Plans in Chapter 7). In such cases, the family service coordinator, or the designated family therapist, will often engage in a dialogue with the caseworker and offer to help qualify and formulate the goals. As committee members actively engage in improving the quality of case files, the routine effectively supports caseworkers' practice-based learning regarding systematic casework. By also requiring the members of the committee to explicate and document their reasoning in writing, to ease the task of the caseworker, the routine creates connections, which provide participants with a view to other parts of the organization and has the potential to bring about shared understandings (Feldman and Rafaeli 2002, 313). At the same time, it effectively encourages all involved to practice explicit professionalism.

In comparison, the routine in Agency B directly enables the mobilization of caseworkers' personal knowledge of a given case, as it allows for extended narratives and the use of body language and imagery that is needed to convey this knowledge (cf. Chapter 7), and it is certainly also more time efficient on their part. It clearly privileges the knowledge and perspectives of the caseworkers, while the participation of the family service coordinator is primarily viewed as an opportunity to mobilize propositional knowledge about the availability of service providers, and hence identify solutions that are practically feasible, rather than an opportunity to mobilize alternative professional perspectives. With the notable exception of psychologists, whose knowledge is repeatedly presented as especially valuable, the group of therapists are assigned a more passive role with regards to decision-making, as their main responsibility is to provide services on the caseworkers' request.

Indeed, caseworkers' oral presentations of cases in some ways present a fuller picture than the written case files, which are not only limited in terms of conveying personal knowledge, but also often quite dated, due to the long casework process. Caseworker's presentations, however, are often delivered in the form of unstructured fragments and reflections and not always easy to follow. I was surprised to find that professionals rarely attempted to create coherent narratives; rather their stories appeared to reflect the complex and fragmented character of their knowledge, and so implicitly underscored the point often made by professionals, that they never have a full picture of what is going on (cf. Chapter 7). Nonetheless, I was able to observe how other professionals, some of them already familiar with the case, would grasp these stories in a different way than I was able to, and I also observed how they would sometimes change their initial understanding and judgment after listening to the caseworker's presentation, compared to the perspective they had formed based on reading through the case files alone.

In terms of practicing explicit professionalism, the requirement to present cases orally and engage in cross-professional deliberation could ideally train professionals' ability to explicate their reasoning, including the sources of knowledge on which it is based and their grounds for arriving at a particular suggestion. Yet, the fact that the decision-making routine so decidedly privileges the needs and perspectives of one professional group, and the fact that the meeting 'belongs' to this group to begin with, implies a risk that alternative perspectives on the case and critical questioning of the caseworkers' personal knowledge are drowned out.

Moreover, while the routine in Agency B clearly enables the mobilization of caseworkers' personal knowledge, whereas the routine in Agency A constrains it, it is also worth noting that, in comparison, the routine in Agency B perhaps leaves caseworkers with less incentives to explicate and document their knowledge in the case files, which are not nearly as prominent in discussions as they are in Agency A: In Agency A, heaps of documents fill the small table in the meeting room, and participants actively consult them throughout the meeting. As they draw the meeting to a close, one of the therapists exclaims: "*That was it. Another rain forest done for!*". In Agency B, case files are projected on a big screen and are only referred to in passing as discussions unfold. There is no formalized feedback loop from family therapists to caseworkers regarding the case files *as such*. In a discussion of the new routine, caseworkers explicitly mention that this will hopefully mean that they are not required to send "*much written material*" for other participants to prepare:

Towards the end of the case discussion meeting, the coordinator moves to the final item on the agenda: the formal decision-making routine. 'The new format has been evaluated', she says, 'and from now on it will be the model that you have wished for, where the family service coordinator and someone else will sit in here, and we can make the decision directly following our discussion'. One of the caseworkers immediately responds with a loud 'Yes!'. The coordinator continues: I have not seen it in writing yet, but one can hope that we do not have to send too much written material, when everyone will hear the discussions that take place here. (Field notes, Agency B, October 2016)

However, it should be noted that the casework coordinator takes notes throughout the discussion in the big meeting, and generally emphasized the importance of keeping case files in order, cf. the discussion on systematic casework in Chapter 7. Only, the formal decision-making routine does not specifically support this endeavor, as does the one in Agency A.

Finally, the situation in Agency C is difficult to compare to the other agencies, as caseworkers' have much more discretion than in the two other agencies. Hence, while they are also expected to engage in deliberation regarding formal decisions, and often do so in the weekly team meetings, the decision-making process is not formalized in the same way as in the two other agen-

cies. Still, making these decisions is clearly the prerogative of the caseworker, while family therapists take on the role as external service providers, who simply deliver what is wanted on the caseworkers' request (reflecting the so-called *BUM-model*, cf. Chapter 4). There is currently a move towards increased organizational integration, which may change this state of affairs, but this was not realized at the time of my fieldwork.

In sum, different routines privilege different forms and sources of knowledge, because they invite some professionals, and not others, to participate and contribute the discussion. Further, they make use of central artefacts such as case files in different ways. The conceptualization and performance of organizational routines directly shape deliberation and decision-making, and often intendedly so, as some forms and sources of knowledge are perceived as more valuable or relevant than others. It is therefore hardly surprising that participants frequently engage in discussions over the practicality, efficiency and/or desirability of routines that are central to their work. This is a natural consequence of the fact that routines carry both functional and symbolic effects. As noted by Alvesson and Berg:

[t]he ways formal meetings are handled are more than just places where decisions are made; they are symbols of social relationships and, at a deep and often hidden level, the values and priorities of members. (Alvesson and Berg 1992, quoted in McAuley et al., 2013, p. 289)

The process of negotiations and change that preceded the current routine in Agency B demonstrates how one group of professionals may contest an existing routine and succeed in establishing a new, which effectively privileges their own perspective, presumably to the detriment of others. In other words, struggles over professional jurisdiction may be effectively enacted through organizational routines (for similar arguments regarding this role of routines, see e.g. Barley 1986; Strauss 2008).

8.4 Organizational routines as means of building communities of practice

As described above, managers and coordinators envision how the process of illumination leads professionals to realize that, together, they possess a common pool of knowledge on which they can all draw. Managers and coordinators explain that, by revealing the knowledge, experiences and skillsets possessed by different participants, regular case discussion meetings are intended to serve as catalysts to encourage informal case discussions and knowledge mobilization outside of the context of formalized meetings. The idea is that professionals should increasingly make use of each other's knowledge and not necessarily wait for a planned case discussion or involve the manager or coordinator, when they are having doubts about a case. They should be a self-reliant community of practice. However, the ambition is not easily realized. In this section, I

will first outline some of the difficulties I have observed in relation to realizing these ambitions within and across professional groups. I will then consider the envisioned interplay between formalized routines and informal interaction and examine the tension and dilemmas that arise from this.

8.4.1 Establishing new routines to challenge set ways

Practicing explicit professionalism through deliberative organizational routines generally requires, according to service managers and coordinators, a willingness on the part of professionals to listen and take advice from others, and to try out new methods and approaches outside their comfort zone. This again requires a willingness to acknowledge both professional and personal weaknesses and challenges and to share insecurities and doubts. A main purpose of the routines is therefore to build the confidentiality and courage among professionals to “*show their half-dirty underwear*”, as one service manager phrases it (Service manager, Agency B, April 2016). Notably, allowing your own practice to be scrutinized presupposes that routines are performed in ways that actually serve to build mutual trust and confidence among participants. This places big demands on participants and the meeting leader, usually the coordinator, who is responsible for orchestrating discussions.

Some professionals clearly find those deliberative routines, which involve many other professionals, quite challenging. This was exemplified by the reluctance of the family therapists in Agency B to engage in a new case discussion meeting routine, which the coordinator felt very strongly about: In the coordinator’s opinion, professionalism is a matter of allowing your own practice to be scrutinized in the same way that you scrutinize the ways of the families you work with. Faced with a “*community of one-man armies*” when starting the job, the coordinator wanted to establish a new deliberative routine to support this professional ideal by enabling mutual learning and thus increase the quality of the work:

I am used to working in teams. I am used to supporting each other, I am used to entering a learning space together, and bring yourself into the game, I mean just using video [now an integral part of several family therapy methods] is a way of risking yourself. Someone else is watching you, and ‘I am highly educated, and then someone is watching me who is also highly educated, am I doing it well enough?’ All of that, that is what we are asking of our families: ‘put your lives in our hands’. I think you need to be able to do that yourself, as a family therapist, and that is the space that we tried to create. (Family service coordinator, Agency B, April 2016)

The basic idea of the routine is that family therapists will take turns to present one of their cases for the team to discuss together. It does not have to be a particularly troubling case, it can also

be a positive experience or successful approach, or a wish to generate new ideas on how to move forward. The initiative, however, was met with skepticism. According to the coordinator, the family therapists saw the new routine as an uncomfortable challenge to their set ways, and were (and indeed, during the time of my fieldwork still were) reluctant to embrace the opportunity:

During a break, the family service coordinator reflects on the rationale behind the new meeting routine. 'They are not very structured', she says. She tells me that she used to work with a psychologist, where the responsible family therapist would present the case, then hypotheses would be generated from the group discussion, and then the psychologist would present their professional judgment: 'A much more clear context'. 'Here', she says, 'it quickly comes to be something about looking over people's shoulder. But the idea is that everyone has something to contribute ... They are not used to sharing like that'. But she believes that this is the right way to do it. 'There is so much wisdom in that group!', she says, her tone of voice conveying admiration and frustration at the same time. The routine that she came up with now is a modified version of what she used to do in her old workplace. She had to adjust it according to what the team here would accept. Try to make it 'not dangerous'. Even so, no one wants to present. (Field notes, Agency B, May 2016)

Clearly, the request for explicit professionalism is opposed to the 'tacit' professionalism that some family therapists have been used to, where they would not have to explicate their reasoning and allow others to scrutinize their practice. The efforts of coordinators and service managers to change this state of affairs are clearly attempts to transform this kind of tacit professionalism into a more explicit form, and, in the process, transform what they perceive as 'one-man armies' into communities of practice, where members can draw on each other for knowledge and support.

8.4.2 Creating connections and building communities across professional groups

The ambition to build communities of practice is, perhaps unsurprisingly, even more difficult to realize with regards to cross-professional routines, since different groups of professionals involved in these routines engage in different practices and thus inherently belong to different communities of practice within the organization, regardless of the strength of these communities. This again relates to the idea that organizational routines can create connections between participants in different parts of an organization (Feldman and Rafaeli 2002), which may serve to create a mutual understanding of each other's tasks and purposes. Such connections can help participants coordinate and adapt to varying circumstances. They are, however, not necessarily easily forged.

In Agency C, academic staff members explain how the newly established cross-professional case discussion meetings are believed to train participants' abilities to explicate the nature of their concerns, communicate their specific professional perspective (as e.g. a caseworker, psychologist or family nurse), and explain their arguments for how they would suggest moving forward with the case so that they make sense to professionals with different backgrounds. Yet, a family nurse who participated in the pilot project explained to me how the first year required many efforts, practicing how to present one's own professional perspective while "*staying on your own half of the playing field*" and taking great care not to overstep mutually recognized boundaries of expertise.

I witnessed several incidents which pointed to a lack of mutual understanding between professional groups, in which different (groups of) professionals felt that their tasks were made difficult, or that their professionalism was questioned or compromised by the actions of other (groups of) professionals. Even if organizational routines existed, which did presumably create connections, these sometimes gave rise to conflict and disagreement rather than mutual understanding. For example, in Agency A, the caseworkers were unhappy with the cross-professional case discussion routine, because they found that, in recent performances, the caseworker's needs had been overshadowed by over-eager therapists. While caseworkers would present a case with the purpose of discussing a specific question, therapists would often end up discussing other aspects of the case. Sometimes this would result in a long to-do list, which considerably expanded the caseworker's workload, leaving them to feel that their professionalism was not being respected. Therefore, caseworkers wanted the routine to be revised, so that it more adequately reflected their needs.

During the caseworkers' discussion of the routine, the casework coordinator suggested that the dynamic was perhaps a reflection of the inherent tension between the solution-focused approach and the preoccupation with clear goals and time limited interventions, in which all caseworkers had received training, and the more problem-focused perspective found among (some) family therapists, who still adhered to the "*old school*". However, the coordinator also defended the therapists, highlighting that they usually came better prepared (having actually read the case files), and suggested that the perceived asymmetry was also a result of their deep engagement. The discussion among the caseworkers resulted in a new document, which outlined the form and purpose of the routine. Besides outlining a micro structure for the routine, it was decided that participants should only be required to read the case summary instead of the entire case file, to prevent the well-prepared therapists from "*stumbling over a three-year-old diagnosis*". Hence, the adjusted routine curtailed the therapists' contributions to better serve the needs of the caseworkers. (Field notes, Agency A, September 2016).

In Agency B, the differences in perspectives and (at least occasional) lack of mutual understanding between caseworkers and therapists was also apparent from time to time. For example, I witnessed the development of an extremely concerning and difficult case over several months, where it became clear that there was clearly a lack of connections between the two groups of professionals. Accordingly, discussions within each group were based on a lack of understanding and appreciation of each other's actions and perspectives on what should be done to move forward with the case. Notably, the negotiations regarding the formal decision-making routine were still in process at this time, and several participants mentioned a hope that a new routine would not only increase efficiency, but also nurture connections and mutual understanding between professional groups.

8.4.3 To structure or not to structure: Formalized routines and informal interaction

In light of these challenges, all agencies share the ambition to create stronger connections both within and between different groups of professionals, to qualify the illumination of cases, and to enable more efficient coordination of action between different professional 'silos'. Yet, there are significant differences in how they approach this, the expectations they place on professionals, and the extent to which they view deliberative organizational routines as integral to these efforts. Participants across the three agencies differ in their perspectives on how much interaction between participants should be formalized and structured, and how much should rely on individual initiative and self-regulating informal interaction.

In Agency C, the implementation of *Herningmodellen* involves both restructuring and relocation, so that cross-professional teams are now physically located together, as well as the establishment of several deliberative organizational routines, which are deliberately used as a tool to foster cross-professional collaboration. The new routines have been scheduled in everyone's calendars and are presented as integral to the new model and therefore mandatory. Professionals are thus required to meet, even if they have no cases to discuss. This time can then be used to discuss general issues of concern, to foster mutual understanding and future collaboration. As one participant mentions, some might consider this a waste of time, especially in light of the general time pressures experienced by many professionals. Nonetheless, experiences indicate that the strategy works. According to the family nurse, who was involved in the pilot project, the mandatory meetings did indeed foster connections between professionals, who used to perceive of each other as practically unreachable:

Before, we used to have these mono-professional groups [...] and if you needed a case-worker, it was exclusively by email, there was rarely any personal contact, and if there was, then it was like getting into, we usually describe it as islands, it was islands, even if we are located door to door, then it was islands and you had to get into, you had to put

on all your rain gear and get into a rubber boat and then you would row over, and when you finally came up [to the caseworkers' floor], then it would be a 'quiet hour' or a closed door, and then you rowed back, and then it took a while before you went back there again [...] It was also a barrier to going over there, because it was so awkward somehow, to go over there, there was not a culture for doing it, and therefore you didn't. So, you would often be like 'Oh, did it smell like hash [in the family's home]? No, maybe not. I will wait and see until next time', whereas now, you can say, we come out and 'You know what, I think it really smells like hash', you can be more: 'I am uncertain, but that is what I smelled, so what do I need to be aware of next time?' You can be much quicker in your observations because you can discuss matters right away, just when you need it, right? So that kind of *knowledge availability*, that there are no barriers when you meet by the copy machine. Not to say that we just throw around social security numbers, but that kind of 'Do you have 5 minutes?', without it being something that needs to be arranged too much, that means that we can come in earlier [in the case] (Family nurse, Agency C, December 2015)

While the management in Agency C has thus chosen to implement an elaborate scheme of meeting routines, the service manager in Agency A is convinced that not everything should be structured and points instead to the importance of making use of what he calls "*the in-betweens*" (in Danish: *mellemrummene*), i.e. the time and space outside of formalized meetings. Together with the family service coordinator, he strives to eliminate all unnecessary time spent in meetings. "*We could easily spend all of our time in meetings*", as the coordinator says: "*we could meet ourselves to death!*". Indeed, while participants in Agency C find that the new meeting routines are an important part of establishing the desired change in professional practices, many also point to the fact that it is extremely time consuming, and some feel that it takes too much time away from other tasks.

Still, the experience of increasing *knowledge availability* described by the family nurse seems very close to the ideal envisioned by the service manager in Agency A; namely that the case discussion routine will encourage professionals to make spontaneous use of each other and engage in discussions, without consulting him or the coordinator first. This indicates that making the effort to establish new routines may indeed pay off in the long run. According to the home nurse in Agency C, expecting anything to happen in terms of cross-professional deliberation is futile, without creating a suitable venue for *making* it happen:

To think that you could just, 'now you just make yourselves available for discussion', then nothing will happen. But if you create a space for, 'now all of you in this team you need to bring up some things, and you all need to contribute', or whatever it is (...) But if you do not create the space, and do it systematically, then it will not happen. Things do not happen on their own. (Family nurse, Agency C, December 2015)

The experience conveyed by participants in the pilot project in Agency C is that, once you establish a new routine and clearly explicate the expectations and make demands on people to participate, things *will* begin to change. But there is no doubt that it is also a long process. New routines require extensive practice before they begin to yield the desired change. My observations from a meeting in Agency C demonstrates how participants are figuring out what to do as they go along:

District meeting in one of the newly established cross-professional teams in Agency C: Following a short discussion in the beginning of the meeting, the room grows quiet. I notice a feeling; like all energy has left the room. Participants are looking passively at whatever is in front of them. After a while, one of them takes the opportunity to ask about the background for my presence. I answer as briefly as I could, without offering details or asking questions. My few remarks about the role of different meeting routines suddenly prompts an energized discussion about the nature of the meeting I am currently witnessing. Several participants state that, while it has been a slow process, they do indeed feel like they are getting to know each other. Following this discussion, there is another quiet moment. Then one of the social workers asks the family nurse about “sexual play” among children, which is an issue in a kindergarten that she has recently visited; the pedagogues were concerned, but she was uncertain what to tell them. The family nurse replies in detail, first explicating a general view on the matter from a family nursing perspective, then referring the caseworker to the name and writings of a specialist in the field, whose presentation she had recently witnessed herself and found to be on point. (Field notes, Agency C, September 2016)

In sum, it is a matter of finding the right balance: To establish deliberative organizational routines that enable participants to effectively accomplish their tasks in line with the organizational goals and simultaneously promote prevailing professional ideals, without stealing too much time and attention in themselves. Establishing a new routine requires time, patience and practice, and the process can be exhausting, if participants disagree on what the routine ought to be. Changing routines too often clearly involves a risk that too much energy and focus will be directed at the routine as such, rather than fulfilling the often several purposes that it is actually meant to serve.

8.4.4 The importance of physical space

Efforts to create connections are enabled or constrained by physical distance or proximity. Observations from the three agencies indicate that sharing the same physical space is important. But while physical proximity is enabling, it provides no guarantee that participants will connect, if the making and maintaining connections is not viewed as important, or if they find that they

do not have the required time or the *appropriate space* to do so. My observations indicate that a physical space which enables spontaneous informal interaction – a coffee machine or copy machine, a lunch room, or an office space that allows for conversation – is important for sustaining and developing connections created by routines. In contrast, being located on separate floors or in separate ends of a building does not foster informal conversation and knowledge availability, even if participants are only few meters apart. This is the case both within and across professional groups.

To illustrate, in the quote by the family nurse above, she explains how the formalized meeting routines in Agency C eventually led to increased informal interaction between different groups of professionals. This, however, was dependent on the fact they shared the same office space, including the lunch room and the coffee machine. Consequently, they would see each other without making the effort to “*to put on all your rain gear and get into a rubber boat and then row over*” to the other groups’ offices, as the family nurse metaphorically phrases it (a metaphor which is used by several participants in Agency C to compare then-and-now). In a similar vein, the family service coordinator in Agency B explains how, in her experience, the physical premises of the agency currently serve to discourage informal interaction, even among the family therapists themselves:

Here we are very much one-man-armies, I mean, we do not even have a coffee room, right? As one of the therapists said, ‘we do not even have a room, where we can go and sit and have a cup of tea and just ...’, I mean they sit in these two offices, and if they have to write something on the computer, they put ear phones on. (Family service coordinator, Agency B, April 2016)

The importance of physical space and possibilities for informal interaction is also visible in Agency A, where all coordinators are placed together and regularly interact with each other, sometimes chatting informally, or asking brief questions, at other times engaging in detailed case discussions, and regularly coordinating activities. Interactions are often prompted by professionals who come by with questions, as coordinators’ freely invite each other to partake in the discussion, if it is deemed relevant. This constant interaction means that, among coordinators, connections appear to be strong and there is a high level of mutual understanding of each other’s tasks, needs and perspectives. As described above, the casework coordinator in Agency A for example makes a point of defending the therapists’ perspective, when caseworkers complained about their behavior in the cross-professional case discussion meeting. In Agency C, different district teams have very different physical settings (one is in a small building with smaller offices and common rooms, another is in a huge open office space, while a third is lo-

cated in a long hallway), which according to participants themselves have created different challenges and opportunities in terms of establishing new modes of cooperation.

In sum, deliberative organizational routines can create connections, enable coordination and mutual understanding both within and across professional groups, but at the same time, physical space can effectively support or hamper these ambitions.

8.4.5 Minding the context

As previously discussed, decision-making in the context of child protective agencies may be more adequately conceptualized as continuous and collective processes of *direction-making*. Following the analysis of the role of deliberative organizational routines so far, it should be clear, that while formalized meetings play an important role, the exchange of knowledge and information also often takes place between desks, around the lunch table or in the corridor. A great deal of knowledge about what is going on in a case, and hence how different professionals form their perception of it, is conveyed during informal interaction. As noted in Chapter 7, decision-making processes take the form of multiple ongoing conversations, which are continuously initiated, temporarily left on pause and then picked right back up, often without further introduction, as part of the daily workflow. These conversations are occasionally delimited by formal decisions, which are to be justified and documented in the case file, communicated and accepted by the involved parties.

While this stream of conversations is generally viewed as a desirable in relation to knowledge mobilization and the ambition to increase knowledge availability, it is not always unproblematic. The family service coordinator in Agency B refers to the inherent dilemmas in informal interaction as the need for “*clear contexts*”, meaning that professionals should be constantly aware of what they are in the process of doing. An example is when participants in the cross-professional district meeting in Agency C end up dismissing the discussion of a case, due to their doubts about whether the parents fully understood the document they signed to allow such cross-professional discussion. They cannot, as professionals, continue the conversation, even if that would be the easiest thing to do. Similarly, when the family nurse outlines the new knowledge sharing culture, she is quick to underscore that they are not “*throwing around social security numbers*”, as this would be illegal.

District meeting in one of the newly established cross-professional teams in Agency C. All participants are seated around the table. As they begin the meeting, it turns out that there is only one case on the agenda, and two participants quickly decide that it has to be dismissed due to concerns about whether the parents have provided explicit consent to share the case among different professional groups. This is followed by a general dis-

cussion among participants of whether and how the document presented to parents could be formulated differently, to avoid confusion. It appears to be a prominent concern that has been debated before. My suspicion is confirmed later in the day, as I tell one of the coordinators about the discussion. She says that she is actually a little surprised, but also very satisfied and impressed to learn that the participants in the meeting had taken the matter so seriously. (Field notes, Agency C, September 2016)

These examples clearly signal an awareness of *context*, in the sense that conversations among professionals are regulated by legal frameworks. This is especially pressing when cross-professional discussions involve family nurses, as they are regarded as health professionals, not social workers; therefore, their work regulated by different legal frameworks. In daily practice involving only social workers, such concerns may be equally relevant. However, they may not necessarily be equally present in their minds, when they informally share information between desks or in the corridor, compared to the context of a formalized meeting: It is clear that formal decisions concerning the choice of intervention in a case (and whether it should later be continued, adapted, supplemented or terminated) are shaped by several acts of discretion – one service manager talks about “*the little twists*” or “*pushes*” that contribute to creating the direction, as a case is shaped through several informal encounters, which may precede any formal discussion and decision. Some of these are recognized as such, while others are barely noticed, and therefore not necessarily documented.

For example, I observed a situation, in which caseworkers came to see the service coordinator to let her know that they wanted a different therapist. This was based on the understanding on their part, that the temperament of the mother clashed with the personality of the assigned therapist. The family service coordinator found this assessment improper. Characterizing it as speculation, she criticized the fact that the caseworker’s assessment was communicated during a spontaneous informal conversation and not in the context of a formal meeting. Had such a meeting been called, such assumptions would not just be accepted, but provide an occasion for discussing the potential underlying mechanisms of the observed dynamics and generate hypotheses, which could then be tested in interaction. Instead, the coordinator found that the caseworkers had simply “*created a story*”, which resulted in the removal of the therapist from the case, without further discussion.

Hence, perceptions may be formed, and small decisions made in informal conversations, which end up shaping the direction of a case and the formal decisions to follow. But the professional reasoning that caused them may never be recorded, and may even have been forgotten, when it becomes time to update the case file. As described earlier, the casework coordinator in Agency B has gotten into the habit of noting down discussions that take place during individual case reviews, as these form an important part of the reasoning that underpin decisions. But so do

many other conversations, where such awareness may not be present. In conclusion, attempts to foster increased informal interaction and *routinize informal knowledge mobilization and deliberation* may potentially serve to qualify professional decision-making and coordination, both within and across professional groups. But from a different perspective, increasing informal deliberation may risk running counter to the ideal of explicit professionalism. It certainly necessitates a strong awareness of the legal context and requirements in terms of transparency and documentation, if the ideal is to be honored in practice.

8.5 Conclusion: Knowledge mobilization – a routine matter?

Extending the analysis of how different types of knowledge are mobilized in practice, the analysis presented in this chapter shows that deliberative organizational routines function as critical venues, which enable and constrain knowledge mobilization in different ways. Moreover, the chapter shows how these routines are intentionally established and maintained to serve a range of purposes, which relate to the request for explicit professionalism: As argued in previous chapters, *practicing* explicit professionalism involves several aspects: First, it involves increasing professionals' awareness of relevant sources of propositional knowledge, including research-based knowledge and particularly organizationally sanctioned theories and tools. Second, it involves explicating and documenting professional reasoning, decisions and action. Third, it involves acknowledging the role of personal knowledge, along with the need to separate unwarranted idiosyncrasies from gut-feelings and expert intuition. Deliberative organizational routines function as venues for coordinators to meet these expectations by orchestrating the exercise of *collective professional judgment*. They are perceived as tools to counter tacit professionalism and transform private-practicing professionals into knowledgeable communities of practice.

Table 13 extends the table in the previous chapter, showing how the purposes of deliberative organizational routines relate to the request for explicit professionalism and the knowledge mobilization practices I identified in Chapter 7. First, deliberative organizational routines provide venues for illuminating cases by mobilizing participants' propositional knowledge. Second, by incorporating the need to explicate professional reasoning, deliberative organizational routines train professionals' abilities to do so. Third, deliberative organizational routines serve to provide emotional support, scrutinize gut-feelings and filter valuable personal knowledge from unwarranted emotional reactions. Fourth, deliberative organizational routines provide venues for mobilizing procedural knowledge and enable practice-based learning.

Table 13: Explicit professionalism and the role of deliberative organizational routines

Elements of explicit professionalism	Organizational manifestation	Practices of knowledge mobilization	Role of deliberative organizational routines
Sources of knowledge which inform decision-making must be explicit and preferably research-based	Organizational mindsets as main source of propositional (research-based) knowledge	Mobilize research-based knowledge ad hoc and by activating different aspects of organizational mindset	Illuminate cases by mobilizing participants' propositional knowledge Provide venues for systematic reflection
Process of exercising judgment must be transparent and articulated	Collaborative forms of decision-making orchestrated by coordinators as venues for exercising judgment	Explicate and increase awareness of different sources of knowledge that inform professional reasoning	Practice professionals' ability to explicate reasoning as an integral part of routine performance Filter personal knowledge
Actions and decisions must be explicated and documented	Digital case files, standardized forms and check lists as tools to deal with requirements and handle complexity	Mobilize procedural knowledge through inductive reasoning and case-based learning	Provide venues for mobilizing procedural knowledge and enable practice-based learning

However, the analysis also pointed to the fact that establishing and performing these deliberative organizational routines brings about tensions and dilemmas. The differences between deliberative organizational routines in the three agencies underscore that organizational routines do not necessarily present themselves as the natural or only way to get things done. While they are generally presented as the intended result of thoughtful reflection, they are also regularly revised, and many of the identified routines turned out to be much less stable than they initially appeared. Reasons for this include organizational restructuring, changing managerial priorities, practical obstacles or scarcity of resources, as well as contestations from dissatisfied professionals.

While both managers and coordinators repeatedly express the need to mobilize the knowledge and expertise held by the different groups, as all perspectives are valuable, focusing on how deliberative organizational routines are constructed and negotiated helps us to see that, in practice, different routines effectively, and often intentionally, privilege some forms and sources of knowledge over others. Consequently, as deliberative organizational routines enable or constrain the mobilization of different forms of knowledge for decision-making, they simultaneously serve to establish and preserve hierarchies between professional groups. Notably, disagreements and contestations are most prominent between different professional groups or different communities of practice, while coordinators and service managers are solidary with the groups of professionals for which they are responsible and appear to be perceived by professionals as allies in this regard.

The fact that contestation and even conflict appears to be integral to professional routines carries important implications. As noted by Feldman et al., recent studies in routine dynamics describe change as the result of “*more mindful, more explicitly social process of critical reflection and experimentations within the team of actors responsible for the routine*” (Feldman et al. 2016, 510), as opposed to for example an evolutionary view, which see error and improvisation as the main sources of change. However, the analysis presented here point to the fact that changes may not only result from critical reflection and mindful experimentation, but also from disagreement and conflict. On the one hand, conflict can be a productive force, which may drive innovative experimentation and practice change towards better ways of organizing. On the other hand, the lack of stability that may result from persistent conflicts can have negative implications: As acknowledged by most participants, it takes time and, indeed, *practice* to establish a new routine. Frequent changes – whether they stem from jurisdictional struggles of professional groups or from policy or managerial initiatives – may end up focusing attention on the routines themselves and hinder the realization of their intended purposes, and, consequently, opportunities for reaching higher levels of achievement.

The ambition to build communities of practice and foster explicit professionalism, and the role of deliberative organizational routines in these efforts, is also reflected in the establishment of new cross-professional routines and the general ambition that deliberative organizational routines become catalysts for increasing informal interaction and knowledge availability among participants. Here, the analysis pointed to the challenges that this may present with regards to the ideal of explicit professionalism. The ambition to nurture informal interaction places demands on professionals to be constantly mindful of the context of these informal discussions, and particularly any legal and, perhaps just as important, any normative requirements that may have a bearing on the situation. The fact that decision-making processes are partly ‘fluid’ in nature, as direction is created incrementally along the way, makes it even more challenging for professionals to perform this balancing act.

Finally, while the conceptual framework in Chapter 3, and the analysis presented in Chapter 7, highlighted the importance of paying attention not only to different types of knowledge, but also to the performative aspect of knowledge (Brown and Duguid 1991, 2001; Cook and Brown 1999; Gabbay and Le May 2011; Tsoukas and Vladimirou 2010), the analysis presented here underscores the importance of extending this orientation with a focus on the role of organizational routines, both as structured ways of organizing work and as “*real time*” performances (Schatzki 2006), which unfold amidst material arrangements such as meeting rooms, case filing systems and coffee machines and profoundly shape *the social life of knowledge* in the organization.

9. Conclusions

9.1 Introduction

My inquiry has been guided by the question: How is knowledge mobilized in daily practice to inform professional judgment and decision-making in street-level organizations? The short answer to this question is: *Knowledge is mobilized as part of the collective exercise of professional judgment. Deliberative organizational routines are integral to knowledge mobilization practices, and decision-making is highly collaborative in nature. Deliberative organizational routines are underpinned by rationales which reflect the ideal of explicit professionalism. In practice, deliberative organizational routines enable and constrain the mobilization of different types of knowledge in ways that may both support and challenge this ideal.*

Below, I provide a longer and more detailed answer by summarizing and discussing the findings from the three analytical chapters, each of which addressed one of three working questions. Following this, I reflect on the relevance and generalizability of these findings. Finally, I discuss the contributions and implications of the study with regards to street-level research, policy and practice. I focus on three issues: knowledge mobilization and decision-making in street-level professional practice, the relationship between street-level professionals and organizations, and the relevance of practice-based perspectives on knowledge in light of the debates on evidence-based practice.

9.2 Summary and discussion of main findings

9.2.1 From evidence-based programs to explicit professionalism

The first analytical chapter revolved around the first working question: Which ideas about the role of knowledge in professional decision-making can be identified in the field of child protection in Denmark, following the debates over evidence-based practice? We saw how organizational actors have accepted the pragmatic legitimacy of the evidence agenda, or ‘the knowledge agenda’ as it now referred to by some, which is generally conceptualized as a response to a widely recognized organizational failure. Several public media scandals and repeated criticism from the National Audit Office has highlighted the need for such a response. However, theorizations have changed: from a first-generation preoccupation with the implementation of imported evidence-based programs, which was strongly contested by several actors, to a second-generation theorization focused on fostering knowledge-based practice. Both theorizations are

contrasted to the arms-length management and private-practicing professionalism of the past, which, all actors agree, is not a feasible way forward.

The analyses of local organizational developments demonstrated that the evidence agenda has unfolded differently in different organizational contexts, as it has been theorized in relation to local political priorities as well as extant managerial ideas and professional and organizational practices. In both municipalities, the implementation of evidence-based methods was the result of a top-down decision, instigated by the administrative staff in Herning Municipality, and requested by politicians in Copenhagen, and caused resistance among professionals at first. Today, the evidence-based programs are an integrated part of practice in both municipalities, and participants often refer to the need to do ‘what works’, echoing the motto of the evidence agenda. In recent years, both municipalities have invested heavily in professional development and training as part of their efforts to develop and implement specific approaches to child protection work (the systemic solution-focused approach and *Herningmodellen*, respectively). These organizational mindsets serve as a unifying foundation for all professionals in the organization.

In Herning Municipality, the evidence-based programs are an integrated element in the new model for practice called *Herningmodellen*, which reflects the organizations’ wish to focus on casework and prevention as well as interventions. The model is primarily based on local experimentation and development and draws on various forms of research-based knowledge as well as other sources of inspiration. The evidence agenda has become institutionalized in the sense that no one questions its relevance or legitimacy, but attitudes towards the evidence-based programs are changing, from an emphasis on fidelity towards the need for flexibility. In Copenhagen Municipality, participants were reluctant to embrace the evidence agenda from the beginning and continue to treat it with some ambivalence. While the programs were eventually accepted and are fully integrated into practice today, they are clearly embedded within the systemic solution-focused approach. Today, some characterize the evidence agenda as a fading trend, while others emphasize its continued relevance, and the evidence-based programs are used on an equal basis with other forms of intervention. The current development project Close to the Family emphasizes local experimentation and innovation and draws on sources of inspiration similar to those underpinning *Herningmodellen*.

In both municipalities, the ambition today is to foster ‘knowledge-based practice’, which implies a broader orientation towards various sources of knowledge, including local experiential knowledge. The production of practice-based evidence to document progress and outcomes of interventions is also considered a crucial aspect of future developments. Ambitions in this direction are especially prominent among higher-level managers and academic staff, while I only observed very few instances of measurement instruments-in-use. This could be because these

instruments are mainly used by social workers individually, or in interaction with citizens, while I focused on collective aspects of practice in the organizational backstage.⁶¹

Concurrently, other organizational actors in the field are also moving away from the past decades' preoccupation with the implementation of evidence-based programs and the production of 'global' evidence in the form of meta-analyses of randomized controlled trials. Reflecting on developments, representatives from the governmental agency explain that the level of conflict and contestation surrounding the promotion of evidence-based programs was somewhat unexpected, and that they have since become aware of the need to recognize other forms of evidence and take an interest in extant so-called 'promising practices'. This is explained partly by the need to mend fences with the municipalities in particular, partly by the general lack of evidence in the field which necessitates a more inclusive approach.

Several participants note that both advocates and adversaries seem to have grown less confrontational in recent years. There is now an increasing consensus among actors in the field that professionals need to take on a new role, which I propose to capture with the concept of explicit professionalism. 'Tacit' professionalism is no longer accepted, because it might as well be non-existent. Importantly, just as the re-theorization of the evidence agenda into the ideal of 'knowledge-based practice' entails a new role for professionals, it also comprises new roles for the governmental agency, research institutions and municipalities: The government agency should be a bridge-builder instead of a 'lighthouse', research institutions should be research partners instead of 'evidence producers', and municipalities should be developers instead of 'implementers'.

As an ideal for street-level professional practice, the request for explicit professionalism entails several aspects in terms of the role of knowledge in professional judgment and decision-making: First, the sources of knowledge which inform decision-making must be explicit and preferably based on research and administrative data. Second, the exercise of professional judgment must be transparent and articulated. Third, professional action must be explicated and documented meticulously. Yet, while this ideal is broadly recognized by all actors, there are different perspectives on the issue. From the perspective of both national and local government, explicit professionalism is a matter of enhancing the accountability and manageability of services. From this perspective, the practice of explicit professionalism should ideally enable the collection and aggregation of standardized data on a national level. From the perspective of

61 A recent report states that 54 % of Danish municipalities regularly use one or more instruments to measure progress (Lindeberg et al. 2018). The two municipalities in which I conducted my fieldwork are certainly among them

street-level organizations, explicit professionalism is as much about finding new ways to cope with complexity.

From the point of view of street-level actors, efforts to strengthen the management of complexity is imperative for two reasons: First, like many other forms of street-level professional work, child protection work is characterized by a potentially overwhelming complexity and insufficient resources to meet demands. This is in itself a challenging condition. Second, agency directors find that many professionals who come to work in child protective agencies are not sufficiently specialized and hence not fully competent to navigate this complexity, at least not from the outset. Moreover, many leave before acquiring the necessary skills. This means that the organization is faced with a constant challenge to ensure that the work that is carried out actually lives up to legal, organizational and professional standards. The evidence agenda has been one way of responding: The implementation of evidence-based programs has both been an important source of legitimacy and a catalyst with regards to different ways of thinking about the nature and purpose of services and has provided the individual professional with some valuable tools for managing complexity. Explicit professionalism can be viewed as a continuation of these efforts, which encompasses all aspects of practice, not just interventions.

This part of the analysis underscores the usefulness of theorization as an analytical lens when analyzing how organizational actors make sense of developments, as they find themselves “standing in the middle of a paradigm shift”, as one actor phrased it. The analysis has demonstrated that processes of theorization are far from unidirectional; rather they are iterative, and, in principle, unending processes of interpretation and negotiation, which reach far beyond the initial stages of (potential) institutional change. Local theorizations and translations have been decisive for the ways in which the evidence agenda has unfolded so far and continue to set the tone for future developments in the field. Methodologically, the analysis demonstrates the relevance and usefulness of a multi-sited ethnographic approach. By encompassing several arenas of inquiry, the research design presents a way of tracing institutional and organizational change across scales, from the organizational field to local organizational practice and back, showing how local developments may influence ideas in the field, and not just vice versa, which is the more common approach in studies of institutional change (but also an approach which is increasingly being challenged; see e.g. Barley and Tolbert 1997; Smets, Morris, and Greenwood 2012; Suddaby 2010; Zilber 2002).

9.2.2 Mobilizing knowledge – practicing explicit professionalism

The second analytical chapter revolved around the second working question: How are different types of knowledge mobilized to inform professional decision-making in street-level organiza-

tions, specifically Danish municipal child protective agencies, and how does this relate to current ideas in the field? The analysis began by discussing how some of the basic conditions of street-level work, as described by Lipsky (2010), manifest in the particular setting of Danish child protective agencies. I showed how discretionary decision-making unfolds under conditions of multi-faceted uncertainty and how the delivery of services depend on the cooperation of citizens. Moreover, professionals need to cope with resistance from clients; this may present challenges to their mental and physical safety. A significant implication of this is that interventions are often thought of as entryways, and that decisions are strongly influenced by concerns regarding time, in that a timely intervention may have more value than a more targeted one. Moreover, decision-making in child protection was conceptualized as continuous processes of creating direction, as opposed to series of discrete events. This understanding has implications for studying how knowledge is mobilized in practice.

Service managers' and coordinators' preoccupation with mobilizing knowledge, and their strategies for doing this in everyday practice, reflect the ideal of explicit professionalism in several ways. With regards to propositional knowledge, coordinators try in different ways to mobilize relevant sources of knowledge and to bring about an increased awareness and transparency regarding its use. This includes research-based knowledge, which is generally recognized as valuable. Still, it appears that the mobilization of research-based knowledge is somewhat 'random' and depends mainly on the coordinators' knowledge and initiative. Further, research-based knowledge sometimes gives rise to confusion, because its bearing on a specific case is not evident and allows for conflicting interpretations. However, as research-based knowledge is incorporated into the organizational mindsets, this serves to point out a clear direction for practice and decreases the room for interpretation. Organizational mindsets essentially serve to increase transparency with regards to the sources of knowledge that inform decision-making, and to mediate research-based knowledge in ways that render it more directive for practice. As such, they bound professional discretion in a more flexible but perhaps also more fundamental way, compared to e.g. evidence-based guidelines.

Another important kind of propositional knowledge refers to knowledge about specific cases. This knowledge is documented and stored in digital case files and forms the basis for professionals' efforts to make sense of a situation. Notably, due to the specialization of professionals, the case file documenting the outcome of an investigation will often have been written by a professional in a different team, before the case is handed over to those who need to make a decision regarding the intervention and subsequent adjustments, changes or termination. As other sources of propositional knowledge, this knowledge makes a difference to the extent that it is actually brought to bear on decision-making, meaning that case files must be read, and the in-

formation taken into account in the process of interpretation and sensemaking. Case files make little difference on their own.

Further, factual knowledge about a case is closely related to professionals' personal knowledge of the citizens involved. Personal knowledge is at once viewed as a prerequisite for understanding and working with a case, as a source of valuable gut feelings (in this context, gut feelings are akin to expert intuition (Dreyfus and Dreyfus 2005)), and as a source of emotional reactions that may potentially interfere with sound professional judgment. Personal knowledge is often mobilized through oral presentation, to supplement to the factual information in the case files. Oral presentation allows the responsible professional to present a fuller picture, through the use of (fragmented) narratives, imagery and body language, to inform other participants about any details that for some reason cannot be documented. Here, the use of genres (Cook and Brown 1999) that are shared between members of the same community of practice play an important role in creating common grounds for further discussion.

Finally, procedural knowledge also takes up a prominent role. As noted by Brown and Duguid (1991), to be considered competent in a profession is inevitably tied up with practicing it. Practicing child protection work entails the ability to navigate highly complex situations and, for caseworkers, highly complex legal frameworks as well. Following the request for explicit professionalism, it also entails the ability to explicate one's reasoning and to justify and document one's actions. The analysis points to the fact that many resources are put into mobilizing procedural knowledge in order to process cases properly. Because of the relatively large number of newcomers, coordinators spend a lot of time explicating processes of reasoning and creating spaces for case-based learning, to practice analytical and communication skills and teach newcomers how to work with (and around) standardized documents and digital case filing systems.

Standardization, checklists and other tools are generally presented by higher-level managers and academic staff members as means of helping professionals cope with these demands by decreasing complexity. However, such tools may require new skills in themselves. Indeed, while coordinators generally welcome tools and guidelines and support the need to standardize documentation, they point out that each of these measures may create additional frustrations, if professionals do not fully appreciate the context, such as the underlying research-based knowledge or the intentions of the law which underpin the checklist, or if there is some misalignment between the tool and its purpose.

Professionals generally depend on 'super users' to navigate the digital case filing systems. In complicated cases, coordinators require assistance from legal experts among the academic staff members to avoid making mistakes. Even so, mistakes are regularly made and the requirements

in the law are not met (Statsrevisorerne og Rigsrevisionen 2016). This is deeply concerning. As child protection work faces increasing juridification (Ponnert and Johansson 2018), it is worth considering what kind of professional training is needed to live up to the changing demands: Can caseworkers be expected to act both as social workers and legal (semi-)experts? If issues of legality and the mobilization of procedural knowledge dominate deliberations, what are the consequences for mobilizing other types of knowledge? What aspects of the work are sidelined in the process (e.g. illuminating cases, filtering personal knowledge, taking the child's own preferences into account)?

This part of the analysis provides a rich and nuanced picture of both the actual and idealized roles of different types of knowledge in professional street-level decision-making, which clearly shows that neither propositional, nor procedural, nor personal knowledge can or should be neglected in efforts to increase our understanding of this issue. It also demonstrates the relevance of applying a performative perspective on knowledge in the context of street-level organizations. However, the analysis clearly demonstrates that, with regards to mobilizing knowledge and realizing the ideal of explicit professionalism, much rides on the efforts, engagement and abilities of coordinators, to ensure that relevant knowledge, of all kinds, is continuously being mobilized and scrutinized. Moreover, the high turnover among professionals presents a constant challenge. The communities of practice which, theoretically, function as reservoirs of knowledge on which individual professionals – both newcomers and old-timers – can draw, are unstable at best, and nonexistent at worst.

9.2.3 Deliberative organizational routines: a balancing act

The third analytical chapter revolved around the third working question: How is knowledge mobilization organized in practice, and how are knowledge mobilization practices related to organizational routines? In this chapter, I showed how the exercise of professional judgment is intricately related to a specific type of backstage organizational routines, which I label deliberative organizational routines. These include the coordinators' daily rounds, individual case reviews and various forms of case discussion meetings. By way of these routines, professionals regularly engage in collaborative forms of decision-making, particularly regarding very complex cases. In light of the conditions outlined above, deliberative organizational routines are intentionally established and maintained to serve a range of purposes, all of which are believed to contribute to qualify the creation of direction and decision-making. First, deliberative organizational routines serve to enable the collective exercise of professional judgment. As such, they are central to the knowledge mobilization practices outlined above. As part of this, they also serve to collectivize responsibility, so as to share "the burdens of discretion" (Molander and Grimen 2010, 184)) among members of the team. Second, deliberative organizational routines

play a crucial role in realizing idealized practices, in that they both enable and require professionals to practice explicit professionalism.

Specifically, deliberative organizational routines function as venues for illuminating cases, through the mobilization of both propositional, procedural and personal knowledge possessed by individual professionals as well as the various forms of knowledge that are embedded in the organizational mindsets. In this process, professionals are requested to explicate their reasoning. This process further provides opportunities to engage in inductive reasoning and enables case-based learning. By showcasing the knowledge and skills possessed by individual professionals, deliberative organizational routines are viewed as important catalysts for increasing informal interaction and knowledge availability outside of formalized meetings. Hence, deliberative organizational routines play a key role in structuring decision-making processes and enabling the practice of explicit professionalism, and at the same time reflect service managers and coordinators' efforts to build self-reliant communities of practice, where participants have less need for orchestrated deliberation.

Deliberative organizational routines also play an important role with regards to personal knowledge. Mobilizing professionals' personal knowledge of cases is an important part of illuminating cases, but it also serves at least two additional purposes: First, it is a way of filtering personal knowledge, to draw out any unwarranted idiosyncrasies or frustrations that need to be worked through. Second, it is a way of dealing with the emotional labor that is involved in gaining personal knowledge of a case and provide emotional support for professionals to cope with this. From the perspective of practice, filtering intuition from idiosyncrasies and acknowledging the role of emotional labor is as much a part of practicing explicit professionalism as it is to document activities and increase awareness and transparency regarding sources of propositional knowledge.

The analysis demonstrates that deliberative organizational routines are central to service managers' and coordinators' efforts to counter private-practicing or 'tacit' forms of professionalism and transform one-man armies into communities of practice, with explicit professionalism as a guiding standard. However, deliberative organizational routines are also the cause of tension and dilemmas, as they effectively enable or constrain the mobilization of different types of knowledge. This is clearly illustrated in the comparison between the formal decision-making routines in the three agencies, which both involve different degrees of scrutiny of the written documentation in case files and leave very different opportunities for caseworkers to mobilize their personal knowledge of cases, as well as for family therapists to mobilize their propositional knowledge regarding different methods of intervention. Hence, deliberative organizational routines are not only ways of organizing work to get things done and realize certain ideals in the

process, they are also highly symbolic manifestations of relationships and hierarchies between professional groups.

With regards to the ambition that deliberative organizational routines should serve as catalysts for informal interaction and knowledge mobilization within and across professional groups, the analysis calls attention to the crucial role of material arrangements, such as they layout of office spaces as well as the possibilities for informal interaction that are afforded by e.g. a common lunch room or shared coffee machine. At the same time, the analysis points to the observation that ambitions to increase informal interaction risk clashing with the ideal of explicit professionalism, especially with regards to the demand to document the reasoning that underpins decisions. If cases are increasingly discussed outside of formalized settings, there is a risk that the intermediary processes of direction-making, which contribute to shaping formal decisions, will (still) not be adequately documented and will hence be lost to further inquiry from other professionals or citizens looking to make sense of past events. This is a challenging balancing act.

Finally, it must be noted that the role of coordinators is crucial, both in the performance of deliberative organizational routines and to the ambition of building resourceful, regenerative and more explicitly professional communities of practices. However, the analysis points towards a potential overload of expectations with regards to what coordinators can realistically accomplish. Moreover, their efforts are often hampered by other organizational priorities such as higher-level managerial decisions to increase documentation requirements, budget cuts, and decisions not to fill vacant positions, all of which are experienced by coordinators as burdensome, complicating their work and, most importantly, keeping them from properly fulfilling their assigned duties and meet organizational-professional ideals. While these priorities can certainly be legitimate and relevant from a managerial perspective, it is important to recognize when making them, that the knowledge mobilization and decision-making practices outlined here, and not least the realization of the ideals and ambitions embedded in them, are highly vulnerable to coordinators' absence.

9.3 On limitations, relevance and generalizability

My choice of research design obviously comes with some inherent limitations, and the choices I have made have implications for evaluating the findings presented above. In this section, I will first reflect on these choices and limitations, before addressing issues of relevance and generalizability.

I have conducted my field work in three child protective agencies in two out of 98 municipalities. I have spent a limited number of days in the field over a limited period of time. The fact

that I shadowed coordinators has granted me access to a wide range of relevant activities and discussions but has also precluded me from others. I have been constantly aware of the risk of uncritically adopting the perspective of coordinators and have tried to balance perspectives in various ways: By conducting interviews with a broad range of organizational members, engaging in informal conversations with other participants, when coordinators were not present, and by shadowing different coordinators with each their particular viewpoint. Still, there is no question that coordinators' perspectives have influenced my observations and conclusions. These might have taken on a different tone, had I chosen to shadow caseworkers, family therapists or service managers instead. It is also possible that I have missed important organizational routines or other kinds of activities, in which coordinators do not take part. I might also have become aware of other patterns and practices, had I spent more time in each agency, or in different agencies altogether.

An important aspect of my research design concerns the relations between developments in the organizational field and local organizational practices. I have developed the concept of explicit professionalism to denote a bundle of ideas that I have identified among participants in these different organizational arenas, and which I (along with participants) perceive as closely related to the evidence agenda. In drawing these conclusions, I rely both on my conceptual framework and my empirical data. With regards to the latter, I have previously addressed the fact that I have not conducted interviews with *all* relevant organizational actors (cf. Chapter 4). I have tried to ensure that missing voices have been represented indirectly, through policy documents or articles. Still, interviews would most likely have provided me with a more nuanced understanding of these organizational actors' perspectives, compared to this documentary material.

It is also worth noting that it might have been substantially more difficult for me to trace the connections between field-level and local developments, were it not for my extensive background knowledge of past and current debates and developments regarding the idea of evidence-based/knowledge-based practice. As discussed by Maxwell (2013, 45pp), researchers' experiential knowledge can be a valuable resource, and mine has served me well in this process, both in terms of developing the focus, questions and aims of this research project, gaining access to participants, and in interpreting the data. However, such experiential knowledge must be scrutinized and dealt with in a critical and reflexive manner, so as not to impose preconceived notions on participants, and subsequently on the data, and risk jumping to conclusions before having explored alternative interpretations. To this end, engaging with a broad range of participants, diverse bodies of literature and critically minded colleagues has helped me shift perspectives and see things in different ways.

A fundamental characteristic of the organizational field, as I have conceptualized it here, is that it is in constant motion. While many studies of institutional change processes are based on retrospective interviewing and archival material (Suddaby 2010; Zilber 2014), the ethnographic elements of my research design have emphasized the flux of field-level developments. During the time in which I have worked on this project, new developments have continued to unfold, books debating the evidence agenda have been published (e.g. Kongsgaard and Rod 2018), and practitioner conferences have been held⁶², all activities which are highly relevant to the changing theorizations of the evidence agenda that I have tried to capture and analyze here. Consequently, what is presented here is a moment frozen in time, while things in the “real world” go on.

By approaching the debate over knowledge and evidence from an ethnographic and practice-based perspective, I have taken an epistemological and ontological position that differs fundamentally from that on which the idea of evidence-based practice is based. This inherently implies a critical perspective. In doing this, I have also made a choice *not* to address directly the questions that matter the most to advocates of evidence-based practice (and to other stakeholders as well, including those who take more nuanced positions and even those who outright reject the idea). These are questions pertaining to the (lack of) truthfulness and accuracy of the knowledge that professionals mobilize to inform decision-making, the potential prevalence of negligence and ignorance (DeNicola 2017) in the exercise of professional judgment, and the (poor) quality of decisions and outcomes for citizens, who are often among the most disadvantaged in our society.

While the evidence agenda comes in several shapes, and different proponents may value different aspects, including efficiency, cost-effectiveness and control, it is my clear impression that, to many of its advocates, such concerns are at the heart of the agenda’s *raison d’être*. Accordingly, the fact that this study does not address these issues, at least not directly, may render it less interesting to some. However, I would argue that, if we take research paradigms to be conceptual and practical resources rather than religion-like beliefs (for a good discussion of the merits of such an approach, see Maxwell 2013, 42pp), the findings presented here might still be of interest, even to dedicated believers in evidence: Increasing our understanding of the nature of actual knowledge mobilization and decision-making practices in professional street-level organizations not only adds to our scholarly knowledge about these issues, it also opens up new possibilities for anyone seeking to change these practices. I will return to this potential towards the end of this chapter.

62 E.g. a conference on “Using knowledge in practice” hosted by the newly established Society for Evidence-Based Practice in the Welfare Professions (SEBP) (<http://sebp.dk/aktiviteter.aspx>)

9.3.1 Relevance and implications for practice – beyond Danish child protective services?

As I discussed in Chapter 1, practice-based studies, such as this one, generally lead to theoretical generalizations, which “*are powerful because they travel*” (Feldman and Orlikowski 2011, 1249). The question is: how far? Keeping the choices and limitations outlined above in mind, I will now consider the relevance of my findings to other Danish child protective agencies, and to child protection and professional work more broadly. I will do this by drawing out some similarities and differences between the specific sites and organizational, national and professional contexts, in which I have conducted my study, and other sites and contexts where the findings and, perhaps more importantly, the conceptual developments I have presented here could potentially aid our understanding of what is going on.

As discussed in Chapter 4, the two municipalities I have selected for this study are atypical in various ways. Copenhagen Municipality is unlike any other, not least due to its size, which means that it has more human and financial resources and hence opportunities to fund and drive all kinds of projects on its own, whereas other municipalities depend on collaboration and partnerships. Both Copenhagen and Herning Municipalities are perceived as frontrunners with regards to the professional development of child protective services. Both municipalities have a long history of engaging in collaborative research projects, and the ambition that currently characterizes the two municipalities can be matched by few others. Accordingly, the ideal of explicit professionalism that is so clearly reflected in the knowledge mobilization and decision-making practices in the three agencies may not have been embraced to the same extent by other municipalities or agencies, despite its prevalence in the organizational field. It is also not possible to say whether the purposes and practices of knowledge mobilization that I have identified here are equally prevalent elsewhere.

However, based on previous studies and my general knowledge of Danish child protective agencies, I would argue that, while the prevalence of the ideal of explicit professionalism may be questioned, the collective and organized nature of knowledge mobilization and decision-making practices are indeed characteristic of (Danish) child protection agencies in general. It is also worth noting that several reports on Danish child protective services mention the high turnover among social workers as a general problem (Ankestyrelsen 2010; Kloppenborg, Ladekjær, and Pedersen 2018; Statsrevisorerne og Rigsrevisionen 2016). Hence, it is likely that the challenges I have observed regarding the instability of communities of practice are present in other settings, and perhaps even amplified in cases, where politicians are less eager to invest in, and managers and agency directors less focused on, professional development, and working conditions therefore less attractive. This is underscored by the fact that social workers are generally

among those who experience the highest levels of work-related stress (FTF 2018; Paulsen 2018).

Finally, there is reason to believe that some of the issues and perspectives brought forward here are not unique to (Danish) child protective services or social work in general. As described in the introductory chapters, the evidence agenda has not only made its mark in Denmark but also in several other countries, including the rest of Scandinavia, the US and the UK, although developments have been diverse (Boaz et al. forthcoming), and in several (public) professional fields. In relation to these debates, the findings presented here point to a general need to focus more on collective and organizational uses of research, and not just individuals, *and* to take into account the nature and conditions of professional work, including the organizational routines in which professionals engage – regardless of whether they work in child protection, education or health services; all areas of professional work where the evidence agenda has been and still is influential.

The concept of explicit professionalism – and the confrontation with private-practicing professionalism that underpins it – may, perhaps with some adjustments, be well-suited to capture developments in other professional fields as well. Likewise, the various practices and purposes of knowledge mobilization and not least the concept of deliberative organizational routines that I have developed in this study may be incorporated in future studies, so that their relevance and ability to shed light on these issues in other cases may be explored.

9.4 Contributions and implications

Based on the discussion above, I will close this chapter by outlining what I perceive as the study's main contributions and implications for research and practice. I focus on three issues: the nature of street-level decision-making, the relation between street-level professionals and organizations, and the potential that lies in recognizing the performative nature and organizational life of knowledge.

9.4.1 New perspectives on decision-making in professional street-level organizations

The first issue to be discussed is the nature of street-level decision-making. As noted by Hupe, Hill and Buffat (2016a), the street-level literature is driven by the insight that street-level bureaucrats enjoy considerable discretion in their work, but the more interesting question is how they *use* this discretion. The discretionary decision-making of professionals in public service is therefore a well-known theme in the literature on street-level bureaucracy, and we know quite a lot about which factors may influence decision outcomes on an *individual level*. These factors include for example policy preferences, emotional capabilities and social identities (Baviskar

and Winter 2017; Dubois 2010; Jensen and Pedersen 2017; Maynard-Moody and Musheno 2009; Tummers 2013). In recent years, there have been several calls within this literature to more explicitly recognize the fact that many street-level bureaucrats are professionals or at least identify as such (van der Aa and van Berkel 2016; Evans 2016a; Hupe, Hill, and Buffat 2016a).

Arguing that the professional status of street-level bureaucrats is particularly relevant in light of the past decades' debates over evidence-based practice, and pertinent to my interest in knowledge mobilization practices, I set out to develop a theoretical understanding of the role of knowledge in professional judgment and decision-making in organizational contexts. Drawing on a variety of sources, I developed a theoretical understanding of professional judgment, which emphasized its *performative* nature and underscored the need for interpretation and sensemaking in relation to specific situations or cases. I argued that, in exercising judgment, professionals both draw on and generate different types of knowledge, including propositional, procedural and personal knowledge, and highlighted the potential centrality of communities of practice and organizational routines.

Against this backdrop, the empirical analysis highlighted how the exercise of professional judgment and decision-making in child protection work naturally unfolds amidst everything else that goes on in practice. Hence, case discussions may be picked up at various times, on an ad hoc basis as well as in scheduled formalized meetings. Accordingly, the mobilization of knowledge and the exercise of professional judgment and decision-making in practice is not confined to discrete formalized 'events' but stretch widely across time and space. The analysis further revealed how discretionary decision-making in child protective services is characterized by being both highly *collaborative* and *organized* in nature, and that organizational routines (which are different from individual routines in that they involve multiple participants) are integral to these processes. These findings have several implications for our understanding of street-level professional decision-making.

The street-level literature tends to locate decision-making as something that primarily takes place in direct interaction with citizens and hence view decisions as a matter between individual street-level bureaucrats and the case in question (sometimes viewing both as being embedded in broader social structures; e.g. Dubois 2010, Maynard-Moody and Musheno 2009). The findings presented here imply the need to supplement this understanding by recognizing the organizational backstage as an important locus for decision-making processes, in order to appreciate their collective, collaborative and organized nature, and not least the role of organizational routines in shaping both processes and outcomes. Backstage organizational routines and internal dynamics within teams of professionals, between professionals and service managers, and between different professional groups in the organization are as important as professionals' en-

counters with clients in shaping the exercise of professional judgment. Interactions may be formalized or informal, planned or random, marked by agreement or conflict, and so on, and material arrangements – such as the layout of a building, the accessibility of case files and whether professionals are likely to run into each other at the coffee machine or not – may turn out to be important factors alongside more intangible ones.

In other words, decisions are not just made by individuals, they are given shape in and by practice. This insight is vital to our understanding of street-level professional decision-making in general. It means that the nature of professional work *practices*, and not just individual attitudes and behavior, must be taken more directly into account. In the case of child protective services, I have demonstrated how this implies a conceptualization of decision-making which acknowledges its collective, collaborative and (more or less) organized nature. In other areas of street-level professional work, other practices may be equally central to the ways in which decision-making unfolds. We need to explore more closely the ways in which discretion is dealt with amidst the messy realities of everyday organizational life, and how decisions come to be in the context of daily practice. Otherwise, we are missing a crucial piece in our increasingly detailed understanding of street-level organizations and the professionals who work in them.

9.4.2 Organizing professionalism – professionalizing organizations?

The second issue to be discussed is the relation between public professionals and organizations in light of increasing complexity. As previously discussed, child protection agencies have long been marked by increased specialization of social workers into teams, each responsible for a specific part of the casework routine, a specific group of citizens and/or a specific type of cases (Matthiessen, Zeeberg, and Haack 2017). Such specialization is a traditional way of dealing with the increasing complexities and conditions of child protection work outlined above. But, as noted by Scott and Davis, an increased complexity of tasks “*does not invariably give rise to increased complexity of structure; it may give rise to increased “complexity” of the performer.*” In other words, an alternative to increasing organizational specialization is to increase the qualifications and flexibility of participants; that is, to employ better educated professionals (Scott and Davis 2007, 147).

Yet, the feasibility of this strategy depends on whether professionals are regarded as sufficiently competent by central stakeholders. The continued calls for explicit professionalism indicate that this is not the case in child protective services, as social workers (including both caseworkers and social pedagogues) are not necessarily regarded by all relevant actors in the organizational field as sufficiently competent professionals. Because their professionalism remains *tacit*, actors question their claim to authority and autonomy, and these reservations are only confirmed by

the repeated criticism from authorities and scandals demonstrating negligence and malpractice. In this sense, the study substantiates the recurrent claim in the sociological literature on professionalism that professionals are increasingly met with mistrust from various stakeholders (Evans 2016; Evetts 2006). Due to the changing demands on professional work, Noordegraaf (2011, 2015) suggests that professionals are, or should be, moving towards a new form of *organizing professionalism*, highlighting that organizational logics are becoming a natural integrated part of professional work.

Coordinators are the most prominent example of professionals who certainly view organizing as an integral aspect of their professional work and identity: Meeting organizational demands is as much a part of being a proper professional as the work carried out in interaction with citizens; the two cannot be separated. This is also the case for service managers who, as noted by Evans (2016), often identify as professionals as much as managers, and, as I have shown here, may switch between roles. Among social workers, some readily embrace organizing aspects of the work, including the requests for explication and standardization that come with ideal of explicit professionalism, while others are more reluctant in these matters. One of the coordinators pointed to a difference in generations (“old” versus “new” caseworkers), but my data cannot confirm such a pattern.

Besides the focus on organizing and explicit forms of professionalism, the analysis shows how the ambitious municipal child protection agencies have responded to the normative pressures in the field by assuming responsibility for ensuring that services are not only delivered in accordance with political priorities and organizational standards but also in accordance with professional standards, as reflected in ‘the current best evidence’ and theoretically underpinned approaches to child protection, and for ensuring the continued professional development of social workers. Essentially, what we see here is that, at the same time as certain organizing aspects have been incorporated into professional practice, the responsibility for keeping up to date with developments in professional knowledge has been repositioned in the opposite direction, from professionals to organizations (i.e. academic staff members). The main implication of this is that it explicitly places the responsibility for mobilizing research-based knowledge on the organization rather than individual professionals.

The organizational mindsets that are the result of this development encompass a *merger of professional and organizational standards*, where professional discretion is not only bound by organizational and political policies and priorities, but also by very specific organizationally sanctioned understandings of what constitutes appropriate and effective professional practice. Importantly, the justification and legitimation of the organizational mindsets hinges on the understanding that they are knowledge-based and reflect widely recognized professional standards.

The organizational mindsets thus play a central role in forging stronger bonds between professionals and organizations and in the merger of professional and organizational identities.

In sum, organizational mindsets are not just about the further education and training of professionals who already work in the organizations, or about recruiting more or better educated professionals. They are about attuning organizational goals, values and strategies to the ideal of (explicit) professionalism. The implementation of evidence-based programs and standardized tools and guidelines can be viewed as a first step in this direction (bearing in mind that most participants have come to view these not as replacements of professionalism, but as instruments that *require* a certain level of professionalism to realize their benefits), while the development of knowledge-based organizational mindsets as the foundation of all professional work can be viewed as a more fully realized attempt to not only organize professionals, but to professionalize the organization. In relation to the development of organizing professionalism, the mindsets come to reflect an interesting parallel move of *professionalizing organizations* at the frontlines of public service.

While this strategy in many ways appears to be a reasonable solution – given the conditions and complexities of child protection work and the difficulties in establishing regenerative communities of practice that I have outlined in the analysis – it is certainly not an easy solution. It requires many resources and continued efforts of dedicated (academic) staff members to develop, adjust and keep the organizational mindset alive as professionals continue to come and go. At the same time, the strategy involves some pertinent risks, which must be kept in mind. These relate both to the inherent fallibility and inconclusiveness of research-based knowledge and to the risk mentioned above; that research-based knowledge and professional standards may become *too* intertwined with, and eventually corrupted by, organizational and political priorities.

First, agency directors generally emphasize that an important function of the organizational mindset is the direction-setting itself. The ‘current best knowledge’ that underpins it will most often reflect a choice among different possibilities. As a manager, one must be willing to make the choice to support what is currently *believed* to be the best. Still, acknowledging the fallibility of research-based knowledge implies that the mindset should be open to adjustment and perhaps radical change. This is also emphasized by participants. However, when an organization commits to a specific mindset, this generally involves a considerable investment, e.g. in the training and education of professionals. One can easily imagine the reluctance that such an investment instills in the organization, in the event that new knowledge emerges which questions the evidence, theories or tools to which the organization has already committed itself. Once such an investment has been made, participants may seek to “*buffer away*” new knowledge

(Nilsson and Sunesson 1993, 27) and defend the mindset from critical questioning by ‘insiders’ and ‘outsiders’.

Second, because the knowledge that underpins professional work is sanctioned at the organizational level, it almost inevitably will become entangled with other organizational concerns, such as budget restraints, fear of public scandal and changing political priorities, in ways that *may* compromise its relevance and legitimacy. For example, research-based knowledge may simultaneously be used in both conceptual, symbolic and tactical ways (Weiss 1979; Sunesson and Nilsson 1988) to justify decisions that are essentially motivated by other concerns – for example to reduce the use of a specific type of intervention. We have seen how participants in Herning Municipality emphasize that the organizational mindset not only reflects research-based knowledge and professional ‘common sense’ but enables a substantial decrease in expenditures. This is not just a fortunate coincidence but reflects the strategic necessity to convince the political leadership of its merits. So what happens if the ‘current best evidence’ no longer aligns with political priorities? In all cases, the responsibility for developing and adjusting mindsets is likely to lie with academic staff members, which means that professionals are likely to have limited possibilities to engage directly with the underlying research. This limits their possibilities to call out potential distortions and develop a professionally grounded critique.

This has two potential consequences for the relation between professionals and the organization: If professionals find the organizational mindset, and the sources of knowledge on which it is based, legitimate and relevant to their work, they will most likely view it as supportive, both in terms of daily practice and in terms of professional development, even if it also places significant bounds on their discretion (for a similar argument regarding caseworkers’ attitudes towards standardized tools in the investigation process, see Høybye-Mortensen 2011, 440). In contrast, if professionals find that the knowledge on which the organizational mindset is based is *not* legitimate or relevant to their own professional identity or perception of the work, *or* if they find that the professional standards that are embedded in the mindsets have been corrupted by other priorities (e.g. political priorities or budget constraints), they will most likely find it difficult to operate within these boundaries and may eventually decide to leave the organization as a consequence of this. The empirical material contains examples of both. It would be interesting to investigate on a more general level who among professionals choose to stay or leave, as organizations professionalize.

9.4.3 Recognizing the organizational life of knowledge

The third issue to be discussed is how we understand and approach ‘knowledge’ in organizational and professional contexts. In light of the evidence agenda’s preoccupation with a very

specific form of research-based knowledge, the analysis demonstrates the importance of developing nuanced and contextualized conceptualizations, which take into account the necessary interplay between different types of knowledge and considers their role and relevance in relation to professional decision-making in practice. While it is a longstanding tradition in the literature on organizational knowledge (e.g. Nonaka and Takeuchi 1995; Tsoukas and Vladimirou 2010) – and also in the growing literature on knowledge mobilization (e.g. Gabbay and Le May 2011; Greenhalgh 2010; Nutley, Walter, and Davies 2007) – to distinguish between tacit and explicit knowledge, the analysis substantiates my argument that the traditional philosophical distinction between propositional, procedural and personal knowledge (Fantl 2017) is equally pertinent. Importantly, in my understanding, these different types of knowledge all encompass tacit and explicit aspects, which bears on how they may be mobilized in practice.

As a source of propositional knowledge that has received much attention in public and scholarly debates, research-based knowledge or ‘evidence’ is widely recognized as important in the agencies studied here, and many efforts are put into increasing its influence on practice, especially among academic staff members. But, it is also clear that, when it comes to professional judgment and decision-making in practice, research-based knowledge does not occupy a privileged position compared to other sources and types of knowledge. Different types of knowledge are all considered important, and evidence must be constructed as such in relation to a specific case, to be brought to bear on decision-making. In child protective services, as we have seen, this often happens in a process of collaborative decision-making where professional judgment is exercised collectively, and coordinators do their best (and sometimes fail) to raise awareness and increase transparency.

This brings us back to the argument: That we need to recognize the performative aspects of knowledge, if we are to gain a better understanding of both the actual and the potential roles of research-based knowledge in professional street-level practice. In highlighting this, along with the arguments outlined above, this research falls in line with the groundbreaking work of Gabbay and Le May (2004, 2011) and also echoes other significant voices in the field of research utilization and debates about evidence, including Weiss (1982), Greenhalgh (2010), Schwandt (2005, 2015) and Nutley, Walter and Davies (2007). It contributes to the field through the development of both theoretically and empirically grounded perspectives and concepts, which can help further deepening our understanding of these processes. Specifically, I point to some of the important ways in which organizational practices and routines shape the mobilization of knowledge and the exercise of professional judgment, taking into account the broader organizational and political context of these practices.

In terms of future research, both the theoretical discussions and empirical findings presented here imply a need to move beyond measuring instances of individual research utilization, and barriers associated with this, and focus more on understanding the role of research-based knowledge in collaborative processes of sense- and decision-making in communities of practice. Further, conceptualizing knowledge as performed or enacted in practice, as opposed to static entities or stable dispositions (Feldman and Orlikowski 2011, 1243), implies a need to focus less on codifying, storing and disseminating knowledge through ever more advanced knowledge management systems, and instead focus more on *the social and organizational life of knowledge*, as it is enacted by organizational members in everyday practice. As Gherardi has argued, since knowledge is alive and dynamic, it might be more useful to think of knowledge as growing plants rather than building blocks: To ‘manage’ knowledge in organizations, one should look to garden architecture rather than house architecture and think in terms of *cultivation* rather than fixed structures (Gherardi 2000). Notably, focusing on practices, and communities of practices, may present a more tangible and actionable approach to such undertakings, compared to initiatives that set out to change for example organizational or professional cultures (for a related argument, see Brown and Duguid 1991).

As I have already noted above, this understanding of knowledge is of course in sheer contrast to the idea that evidence remains a stable entity, on which practice can be based, regardless of the particularities of a situation. However, if we accept this alternative ontological standpoint, at least temporarily, it can help us recognize important characteristics and conditions with regards to the social life of knowledge in different organizations – in much the same way as this study has identified the importance of collective and organized aspects of knowledge mobilization and decision-making, and conceptualized the practices and purposes of knowledge mobilization and the crucial role of deliberative organizational routines to these endeavors in the context of child protection practice. Such insight is likely to be valuable not only to researchers, but also to policymakers and practitioners who seek to change extant practices.

The ambition to develop a more nuanced language for discussing knowledge mobilization practices has been an important motivation for the work presented here. To this end, I have proposed several empirically grounded analytical concepts, which can help us explore the relations between ideals and practices of professional knowledge work, to distinguish between different knowledge mobilization practices, to understand how and why street-level organizations and professionals engage in these practices, and to analyze how these practices are intertwined with, enabled or constrained by, organizational routines related to the exercise of professional judgment and decision-making. Additional research is needed to explore the relevance and scope of these concepts, to determine the extent to which they can be used to shed light on other cases in other public-professional contexts. For now, this study has hopefully provided some enlighten-

ing insights into the knowledge mobilization and decision-making practices of street-level professionals in Danish child protective services, which will hopefully contribute to further reflection and conversation among practitioners and researchers alike.

English summary

Against the backdrop of the debates over evidence-based practice in social services, this thesis explores the following question: How is knowledge mobilized to inform decision-making and professional judgment in street-level organizations? Based on ethnographic fieldwork in three Danish municipal child protective agencies and qualitative interviews with political elite actors, the thesis presents an in-depth investigation of knowledge mobilization and decision-making practices and traces how these practices, and the rationales that underpin them, relate to developments in the policy arena. Grounded in a practice-based approach, the thesis draws on a wide range of theoretical perspectives, including the literature on street-level bureaucracy, the sociological literature on professional work and professional judgment, literature on research utilization and knowledge mobilization as well as organizational theory about communities of practice, organizational routines and the dynamics between local practice and developments in the organizational field.

The thesis shows how, in the field of Danish child protective services, the evidence agenda has undergone a transformation, from a focus on the implementation of evidence-based programs to a broader focus on “knowledge-based practice”. Taken together, developments represent a critique of so-called “private-practicing professionalism”, which is conceptualized as an increasing demand for explicit professionalism. Explicit professionalism is opposed to “tacit” professionalism and describes the request for public professionals to a) increase awareness and transparency regarding sources of knowledge which should preferably be based on research, b) articulate and explicate the professional reasoning that underpin decisions, and c) document reasoning, decisions and actions. As part of these developments, the two municipalities have implemented a wide range of evidence-based programs and developed so-called organizational mindsets. Drawing on research and other sources of knowledge, these mindsets point out specific approaches to and goals for child protection work, to which all employees are expected to adhere. Meanwhile, the increased process regulation and demands for documentation that are embedded in the legal frameworks are supported by the introduction of standardized documents and digitalized case filing systems, and tools and check lists are introduced in an attempt to reduce the complexity of the work and support professional practice.

Following this, the thesis shows how the mobilization of knowledge is integrated into everyday practice and not confined to discrete events of formal decision-making. Moreover, it shows how both propositional (know-that), procedural (know-how) and personal knowledge (knowledge by acquaintance) plays a central role in decision-making and the creation of direction. The thesis introduces the concept deliberative organizational routines to describe how routines create ven-

ues for the collective exercise of professional judgement and discretionary decision-making. Deliberative organizational routines serve several idealized purposes: By collectively illuminating cases, coordinators and team leaders aspire to mobilize, showcase and scrutinize the knowledge possessed by individual professionals, with the dual purpose of generating new knowledge and encouraging informal knowledge sharing among participants. The collective exercise of judgment also serves to collectivize responsibility for decisions and to acknowledge and scrutinize emotional reactions and provide emotional support in complex and demanding cases.

However, the realization of these idealized purposes in practice is often challenged. Deliberative organizational routines depend to a great extent on coordinators' and team leaders' engagement. Great ambitions are tied to their role and their fulfilment of these ambitions is threatened by several issues, including an overload of expectations and a high turnover of staff, which shifts the focus from reflective deliberation to the mobilization of procedural knowledge, teaching newcomers to master the basic (but not simple) requirements of the work. This also hampers aspirations to build strong communities of practice to support newcomers' practice-based learning. Moreover, the thesis shows that different formal decision-making routines in the three agencies enable or constrain the mobilization of different types of knowledge, e.g. by privileging written or oral case presentations, and, in doing this, simultaneously privileges the knowledge possessed by different professional groups. Routines are therefore unstable, as they are regularly questioned, negotiated and changed.

The thesis contributes to extant scholarship by elucidating the collective and highly organized nature of street-level professional decision-making in the organizational backstage, thus pointing to the importance of taking organizational practices and dynamics into account. The thesis proposes several theoretically and empirically grounded concepts to describe these practices and the rationales that underpin them. It also demonstrates the potential in employing a practice-based perspective on knowledge, emphasizing that knowledge must be enacted, not just made available, to make a difference. Finally, the thesis contributes to ongoing debates about the development of new forms of organizing professionalism by pointing to the observation that this is accompanied by professionalizing organizations. Both entail a merger of organizational and professional practices and priorities. The movement is ambivalent in that it supports and develops professional practice, but also limits professionals' possibilities to critically question the organizational mindsets.

Dansk resume

Med afsæt i debatten om evidensbaseret praksis på det sociale område undersøger afhandlingen følgende spørgsmål: Hvordan mobiliseres viden i forbindelse med udøvelsen af fagligt skøn og beslutningstagning i offentlige frontlinjeorganisationer? Afhandlingen er baseret på etnografisk feltarbejde i tre forskellige børne-/familieafdelinger i Herning og Københavns Kommuner samt interview med relevante politiske aktører på socialområdet. Teoretisk er afhandlingen forankret i en praksisbaseret tilgang og trækker på en lang række teoretiske perspektiver, herunder den såkaldte markarbejderlitteratur, sociologiske perspektiver på fagprofessionelle, litteratur om mobilisering og anvendelse af forskningsbaseret viden samt organisationsteori om viden og praksisfællesskaber, organisatoriske rutiner og samspillet mellem organisationsfelter og lokal praksis.

Afhandlingen viser evidensdagsordenens transformation på området for udsatte børn og unge, fra primært at omhandle evidensbaserede metoder til et bredere fokus på *vidensbaseret praksis*. Samlet set indebærer udviklingen et opgør med "privatpraktiserende" fagprofessionelle, som i afhandlingen sammenfattes i begrebet *explicit professionalisme*. Explicit eller "udtrykt" professionalisme står i modsætning til "tavs" professionalisme og beskriver kravet om, at fagprofessionelle skal synliggøre, at de agerer professionelt: De skal udvise bevidsthed om og skabe transparens omkring vidensgrundlaget for praksis, de skal evne at udtrykke de ræsonnementer der ligger til grund for deres beslutninger og både ræsonnementer, beslutninger og handlinger skal dokumenteres. Som led i denne udvikling har de to kommuner dels implementeret en lang række evidensbaserede metoder, dels udviklet *organisatoriske mindsets*, der med udgangspunkt i blandt andet forskningsbaseret viden udpeger bestemte tilgange til og mål med det sociale arbejde, som alle medarbejdere forventes at efterleve. Samtidig understøttes lovgivningens øgede proces- og dokumentationskrav af standardiserede dokumenter og it-systemer, mens kompleksiteten i arbejdet søges reduceret ved hjælp af redskaber og tjeklister, der har til hensigt at understøtte de fagprofessionelles praksis.

Afhandlingen viser dernæst, hvordan mobilisering af viden sker som en integreret del af hverdagens drøftelser, og ikke blot i formaliserede beslutningsrum, og at både deklarativ viden (know-that), processuel viden (know-how) og personlig viden (kendskab til sagen) spiller en central rolle i forhold til at træffe beslutninger og skabe retning i sagerne. Begrebet *deliberative organisatoriske rutiner (drøfterutiner)* udvikles til at beskrive, hvordan rutinerede hverdagsdrøftelser skaber rum for en kollektiv skønsudøvelse, der tjener en lang række idealiserede formål: Ved at belyse sagerne i fællesskab tilstræber socialfaglige koordinatore og teamledere samtidig at *udstille* de forskellige deltageres viden, dels med henblik på at generere ny viden,

dels med henblik på at synliggøre denne viden og styrke grundlaget for vidensdeling uden for de organiserede rum. Samtidig medvirker den kollektive skønsudøvelse til at dele ansvar for beslutninger, anerkende og granske følelsesmæssige reaktioner og yde mental og følelsesmæssig støtte til medarbejderne i tunge og komplekse sager.

Realiseringen af disse idealiserede formål er imidlertid ofte truet i praksis. Rutinerne er afhængige af socialfaglige koordinatore eller teamledere, hvis rolle er forbundet med store ambitioner og jævnligt udfordres: Dels af et overload af forventninger, dels af en løbende udskiftning af medarbejdere, som trækker fokus hen på mobilisering af grundlæggende viden og færdigheder frem for mere refleksive drøftelser. Udskiftning vanskeliggør opbygningen af stærke praksisfællesskaber, som ellers ville kunne understøtte oplæringen af nytilkomne. Samtidig viser afhandlingen, hvordan forskellige rutiner omkring visitation understøtter eller besværliggør mobiliseringen af forskellige typer af viden, ved for eksempel at vægte skriftlig eller mundtlig fremstilling. Herigennem afspejler rutinerne også holdninger til og vægtning af forskellige faggruppers viden. Rutinerne er således ustabile, idet de er genstand for konflikt og forhandlinger, som fører til jævnlige ændringer.

Afhandlingen bidrager til den eksisterende forskningslitteratur med teoretisk og empirisk funderet begrebsudvikling, der sætter fokus på fagprofessionelles kollektive skønsudøvelse og betydningen af organisatoriske praksisser i den forbindelse. Herigennem fremhæves potentialet i at anlægge et *performativt* blik på viden, der fremhæver at viden ikke blot skal være tilgængelig, men skal udøves for at gøre en forskel i praksis. Yderligere bidrager afhandlingen til den eksisterende forsknings fokus på organiseret professionalismisme med et blik for, at der samtidig sker en professionalisering af organisationerne, som indebærer en sammensmeltning af organisatoriske og professionelle hensyn. Bevægelsen er ambivalent, idet den både understøtter og udvikler professionel praksis og samtidig begrænser de fagprofessionelles muligheder for at stille spørgsmål ved det organisatoriske mindset.

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Appendices

Appendix A. Interview guide for coordinators (in Danish)

Tema/ forskningsinteresse	Spørgsmål og stikord
Intro	<p>Ok med diktafon?</p> <p>Fire fokuspunkter for samtalen:</p> <p><u>Dig</u>: Din faglige baggrund og erfaring, din nuværende rolle og arbejdsopgaver (uddybende i forhold til forrige møde)</p> <p><u>Organiseringen af arbejdet</u>: en typisk sag, en typisk uge, hvorfor er det sådan, hvad kunne være anderledes, betydningen af organiseringen</p> <p><u>Kilder til viden i arbejdet</u>: eksterne og interne, mundtlige og skriftlige, osv.</p> <p><u>Omgivelsernes betydning</u>: politisk, ledelsesmæssigt, fagligt fokus på vidensgrundlag for beslutninger, betydningen af forskellige vidensformer, evidensdebatten, overvejelser om forskningens rolle for praksis – aktuelt og potentielt, ønskværdigt – udviklingen over tid?</p> <p>Det praktiske:</p> <p>Tilrettelæggelse af feltarbejde: Hvornår og hvordan – eventuelle spørgsmål</p> <p>Rundvisning og goddag til kolleger</p>
Meningshorisont, professionel identitet, erfaring, kompetencer, selvforståelse, rolleopfattelse	<p>Hvad og hvornår er du uddannet? Motivation for valg af fag/uddannelse?</p> <p>Fortæl kort om dit arbejdsliv før du kom til kommunen – stillinger, opgaver?</p> <p>Hvordan vil du beskrive din rolle her?</p> <p>Beskriv en typisk dag eller en typisk uge? Hvilken type opgaver eller samtaler bruger du mest tid på? Hvorfor?</p> <p>Hvad ser du som din vigtigste opgave som koordinator?</p>
<p>Organiseringen af arbejdet, samarbejde, vidensdeling og beslutninger</p> <p>Samarbejde ml. Myndighedsdelen og foranstaltninger</p>	<p>Beskriv et typisk sagsforløb – hvilke processer eller faser er involveret?</p> <p>Hvor og hvornår oplever du, at beslutningerne omkring en sag reelt bliver truffet – hvilken betydning har de formaliserede møder, en-til-en sagsgennemgange, løbende drøftelser og uformel sparring?</p> <p>Hvilke processer ser du som centrale ift. at sikre et godt vidensgrundlag for jeres beslutninger?</p> <p>Hvad gør I, hvis I er i tvivl om, hvad der skal ske, om sammenhængen mellem mål og behandling, hvad vil være mest relevant osv.? Hvem eller hvad konsulteres – hvilke kilder til viden inddrages i processen?</p> <p>Hvordan følger I op på sagerne?</p>

	<p>Samarbejde og inddragelse med foranstaltninger/udfører-delen – hvordan, hvorfor, hvilke virkninger, fordele og ulemper ved denne tilgang?</p> <p>Betydning, at I sidder i samme hus og er del af samme organisation?</p>
Fagligt miljø og netværk	<p>Hvordan vil du beskrive det faglige miljø her (afdelingsniveau)? Levende, isoleret? Enighed/uenighed om tilgange, spørgsmål, kritik, udfordringer?</p> <p>Oplever du, at I bruger hinandens viden og erfaringer i arbejdet – vidensdeling? Skabelse af ny viden?</p> <p>Hvordan bliver du/I klogere – udvikler jeres faglighed, holder jer opdateret med ny viden "udefra", nye metoder, ny forskning – fx faglige netværk (hvilke?), vidensportaler, uddannelsesaktiviteter, praksiscenter, Socialstyrelsen, Ankestyrelsen, VISO?</p>
Den ledelsesmæssige og politiske kontekst	<p>Oplever du i det daglige, at der er fokus på vidensbasering, evidens, vidensgrundlaget for beslutninger?</p> <p>Hvordan kommer det til udtryk?</p> <p>Hvem er "afsender" på ambitionerne (politisk, stab, lokal ledelse, kollegaer, fagligt netværk i og uden for organisationen)?</p> <p>Hvordan er dit samarbejde med ledelsen?</p> <p>Hvilke andre strømninger oplever du, har betydning for jeres daglige arbejde? Fx dokumentationskrav, resultatmålinger, Forandringskompasset, Tæt på Familien?</p> <p>Hvad giver mening og hvad gør ikke – hvorfor? Hvad bidrager det med? Hvad gør det ved opmærksomheden, hvor rettes den hen?</p> <p>Hvordan vil du beskrive udviklingen på feltet i den tid, du har været i gang, ift. ledelsesmæssige fokusområder, krav og forventninger (hvis det giver mening)?</p>
Det praktiske	<p>Tidspunkter for faste møder</p> <p>Forbehold/"lukkede rum", noget jeg ikke kan deltage i?</p> <p>Tidsmæssig placering?</p> <p>Kan jeg evt. få en oversigt/navne og stillingsbetegnelse på medarbejdere?</p> <p>Interview med afdelingsleder + gruppeinterview med medarbejdere ved lejlighed</p>
Afrunding	<p>Andre spørgsmål?</p> <p>Tak for din tid!</p>

Appendix B. Timeline of developments

Field-level developments		Herning Municipality	Copenhagen Municipality
Early 2000s		Practitioners from Ringkjøbing Amt travel to Norway to learn about evidence-based programs and decide to implement the evidence-based program Multi-Systemic Therapy (MST).	
2002	The Nordic Campbell Centre is established in Copenhagen.		
2004	The weekly political magazine <i>Monday Morning</i> publishes a special issue advocating for the need for evidence-based practice: “Does the Welfare Work?”.	Herning, Holstebro and Ikast-Brande Municipalities join forces to implement the evidence-based program Parent Management Training-Oregon (PMTO).	
2005		Herning, Holstebro and Ikast-BrandeMunicipalities decide to implement the evidence-based program The Incredible Years (DUÅ).	Copenhagen begins to implement Solution-Focused Therapy and Signs of Safety, according to strategic 4-year program called <i>The Family in the Center</i> . It is described as the first initiative to promote shared methods across all agencies in the municipality.
2006	National Audit Office criticizes The Ministry of Social Affairs for not taking sufficient steps to evaluate the outcome of its activities (including its financial support for municipal development projects).		
2007	<i>Structural reform: 271 municipalities become 98 municipalities. Municipalities take over specialized child protective services and institutions from the 14 counties, which are abolished and replaced with 5 regions whose main responsibilities are health services and regional development. Professional experts from the old counties are dispersed geographically and unevenly across municipalities.</i>		
2008		Herning initiates the project <i>Break the Curve</i> , which involves implementation of the evidence-based program PALS in schools. The project is described as turning point for the alliance between the politicians and the administration regarding the evidence-based development of child welfare services.	
2009			Following a political request, Copenhagen implements two evidence-based programs (DUÅ, PMTO).
2010			Re-structuring the organization.
2012	The Children’s Reform is launched; a new legislative framework which dictates increased use of preven-	The Agency Director receives an honorary award from the SFI for his work to bring “research into prac-	

	Field-level developments	Herning Municipality	Copenhagen Municipality
	<p>tive measures and strengthens the rights of children as parties to their own cases.</p> <p>The International Campbell Colloquium is held in Copenhagen. One workshop's title contains the phrase "Practice-based evidence".</p> <p>A consultancy report from Rambøll Management announces that municipalities can save approx. 2.5 billion by implementing four evidence-based programs. The report's methodology and conclusions are publicly criticized by researchers from the SFI.</p> <p>The National Board of Social Services launches an <i>Evidence Policy</i> focusing on effects, implementation and costs as the three main questions to be answered by all future evaluations. It also establishes a web-based <i>Knowledge Portal</i> in order to make the "current best knowledge" available to practitioners.</p>	<p>tice".</p>	
2013	<p>The National Board of Social Services launches the <i>Methods Dissemination Program</i>; a 280 million DKK (approx. 37,6 million EUR) investment to promote and support the implementation of six evidence-based programs.</p> <p>SFI hosts conference entitled <i>The Difficult Concept of Evidence</i> where practitioners discuss the concepts and meanings of evidence and evidence-based practice. A summary from SFI concludes that "evidence is many things".</p>	<p>A new model for practice, <i>The Swedish Program</i>, is tested in selected districts; its main ingredients are lower caseloads for social workers, frequent follow-ups, matrix organization to support cross-professional collaboration and use of preventive measures, to decrease the need for residential care.</p>	<p>Implementation of a third evidence-based program, Functional Family Therapy (FFT).</p>
2014	<p>The Director of SFI Campbell and colleagues write an op-ed for the magazine <i>Danish Municipalities</i> entitled "After evidence comes knowledge" in which they advocate for shifting the focus from evidence to knowledge, and for using the term "knowledge-based practice".</p>		<p>The Social Services Department in Copenhagen establishes a new unit called <i>Knowledge in Action (VIA)</i>.</p>

	Field-level developments	Herning Municipality	Copenhagen Municipality
2015	<p>Vice Director of the NBSS is interviewed by a leading magazine; the headline is "Billions are spend in the blind". The interview fosters strong reactions from Local Governments Denmark, and the Board later issues an apologetic report. In his reply, the Local Governments Denmark's Chairman of Social and Health Policy states that the municipalities are "standing in the middle of a paradigm shift".</p> <p>The Danish Association of Social Workers launches an internal strategic project to decide where to position themselves according to "the knowledge agenda".</p>		<p>Organization is re-structured, recentralization of authorities and services.</p> <p><i>Close to the Family</i>, a new program inspired by "the Swedish model", is developed and implemented gradually. The program inspired by some of the same elements as <i>Herningmodellen</i> but emphasizes local innovation, prototyping and involves developmental evaluation, as well as outcome evaluation.</p>
2016	<p>The NBSS replaces the term "evidence-based methods" with the term "documented methods".</p> <p>NBSS publishes <i>Results Documentation Handbook</i> aimed at service providers + report and guidelines on how to document <i>Promising Practices</i>.</p> <p>Local Governments Denmark and SFI launches the guide <i>7 Steps to a Knowledge-Based Practice</i>.</p> <p>The Ministry of Social Affairs publishes its first <i>Social Policy Report</i> with a data-based overview of the social field.</p>	<p>The new model for practice is re-named <i>Herningmodellen</i> and is implemented in all districts.</p> <p>All professionals receive education and training in the core elements of the new practice model.</p> <p>Evidence-based programs are "trimmed" to match changing needs and requirements for more flexible interventions.</p> <p>The Agency faces massive cutbacks due to excess spending the year before.</p>	<p>Copenhagen continues to implement the project <i>Close to the Family</i>.</p>
2017	<p><i>The Society for Evidence-Based Practice in the Welfare Professions</i> is established. Board members include the former Vice President of NBSS, the former Agency Director of family services in Herning Municipality and the Vice President of the Danish Social Workers Association, the former director of SFI Campbell and current Vice Director of the Danish National Centre for Applied Social Research (VIVE), a fusion of SFI and KORA), as well as representatives from two university colleges.</p>		